Leading Health Indicator #3: Tobacco Use

Table 3A. Percent of Adults Who Currently Smoke: 1990-1999, by year.

By Gender and Age Group

|	1990		1993		1996		1999	
	Prevalence	N	Prevalence	N	Prevalence	N	Prevalence	N
San Diego County	23.1	3885	18.7	3681	17.0	4923	17.8	6388
Gender								
Male	25.9	1899	20.3	1836	20.2	2399	20.5	3061
Female	20.3	1986	17.0	1845	13.8	2524	15.2	3327
Age Groups								
18-29	25.0	1205	19.7	1071	20.2	1282	21.9	1623
30+	22.3	2680	18.3	2610	15.9	3641	16.4	4765

Footnotes: The definition changed for the survey in 1996 to "smoking at least 100 cigarettes in a lifetime and current daily smoker."

Sources: 1990, 1993, 1996, 1999: California Tobacco Surveys (CTS) – UCSD; California Department of Health Services, Tobacco Control Section

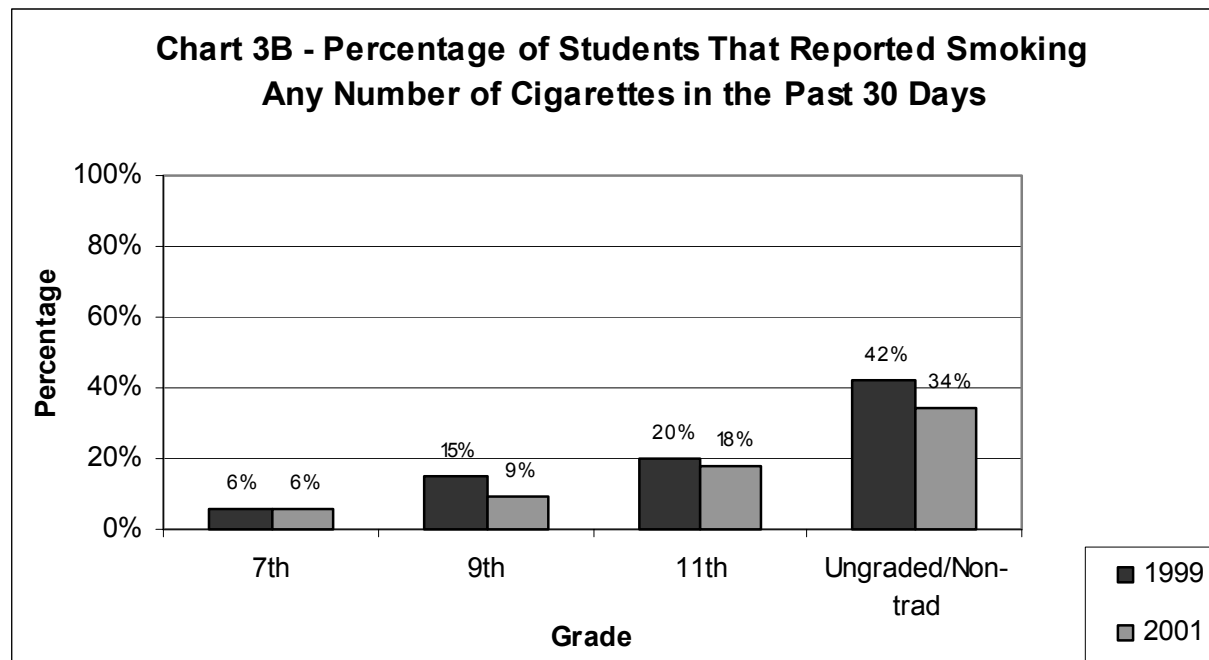Table prepared by Community Epidemiology, Updated 12/2/2002

1) The overall adult smoking prevalence rate decreased approximately 5% during the 1990's.
2) Throughout the 1990's, males had a higher smoking prevalence rate than females (an approximate 5% difference).
3) Throughout the 1990's, 18-29-year olds had a higher prevalence rate than those who are 30 and older.

Chart 3A - Percent of Adults Who Currently Smoke in San Diego County, by Age
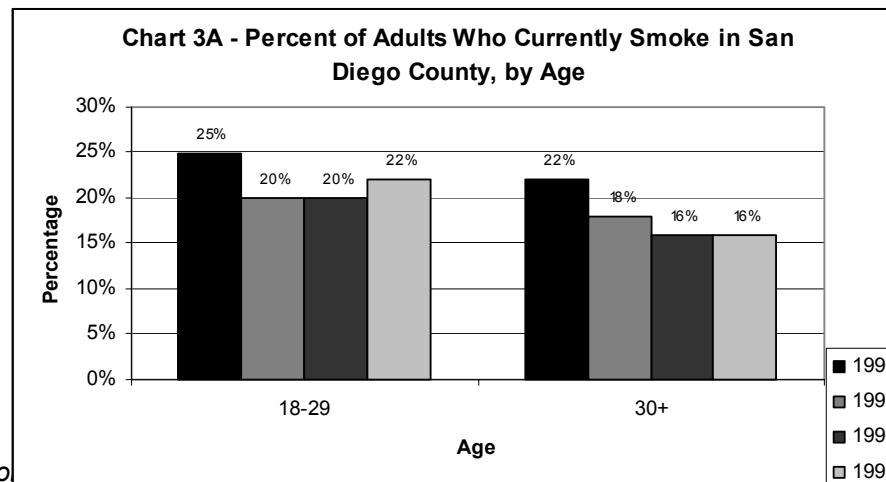
Table 3B. On Days Smoked, Number of Cigarettes Smoked per Day, Past Thirty Days.

	1999				2001			
S w e e t w a t e r U n i o n H i g h S c h o o l D i s t r i c t	7th grade	9th grade	11th grade	Ungraded/ Non-Trad	7th grade	9th grade	11th grade	Ungraded/ Non-Trad
None/Did not smoke in past 30 days	94%	85%	80%	58%	94%	91%	82%	66%
Less than 1 cigarette per day	3%	7%	7%	12%	3%	3%	7%	9%
1 cigarette per day or more	NA	NA	NA	NA	3%	6%	11%	25%
1 cigarette per day	1%	4%	4%	10%	1%	2%	3%	7%
2-5 cigarettes per day	1%	4%	6%	11%	1%	3%	6%	11%
6-10 cigarettes per day	0%	0%	1%	8%	0%	0%	1%	4%
11-20 cigarettes per day	0%	1%	1%	1%	0%	0%	1%	1%
20+ cigarettes per day	0%	0%	0%	0%	0%	0%	0%	2%

Sources: California Healthy Kids Survey (CHKS), Sweetwater Union High School District, 1999 and 2001

Chart 3B - Percentage of Students That Reported Smoking Any Number of Cigarettes in the Past 30 Days

Leading Health Indicator #4: Substance Abuse
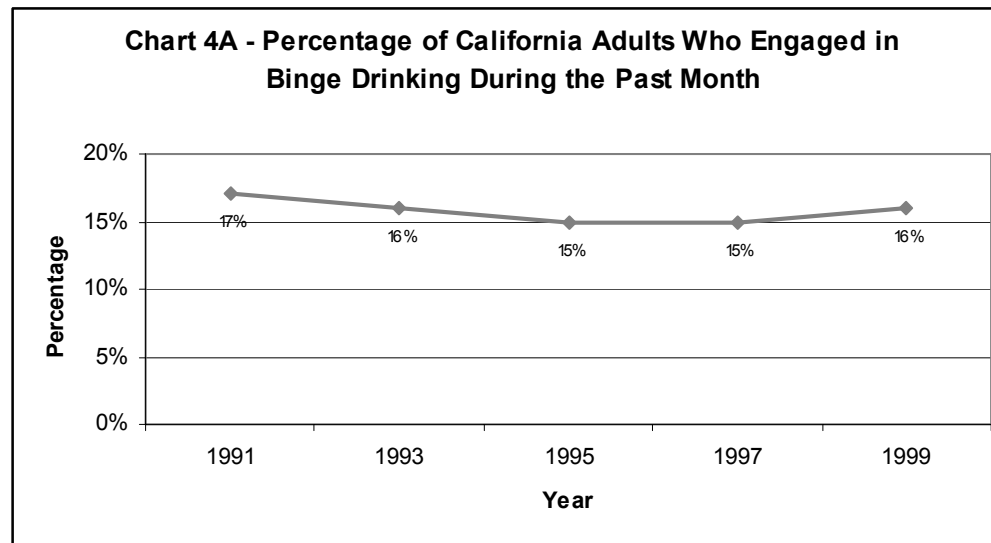
Table 4A. Percentage of Adults who Engaged in Binge Drinking* One or More Times During the Past Month.

	California										Nationwide Median
	1991		**1993**		**1995**		**1997**		**1999**		**1999**
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%
Total	17.1	(15.5 - 18.7)	15.7	(14.1 - 17.3)	15.4	(13.6 - 17.2)	15.2	(13.8 - 16.6)	15.5	(14.1 - 16.8)	14.9

Gender
  Male
  Female
	NA		NA		NA		23.5
							7
								(21.2 - 25.8)
								(5.9 - 8.2)
									24.1
									7.1
										(21.9 - 26.4)
										(5.9 - 8.3)
											NA

*5 or more drinks on an occasion

Source: Behavioral Risk Factor Surveillance System (BRFSS), www.cdc.gov/nccphp/brfss

Table prepared by: Community Epidemiology, Updated 11/18/2002

Chart 4A - Percentage of California Adults Who Engaged in Binge Drinking During the Past Month

Table 4B. Number of Days that Alcohol was Used, Past Thirty Days.

S w e e t w a t e r   U n i o n   H i g h   S c h o o l   D i s t r i c t

	1999				2001			
	7th grade	9th grade	11th grade	Ungraded/Non-Trad	7th grade	9th grade	11th grade	Ungraded/Non-Trad
None/0 days	82%	61%	56%	34%	84%	70%	56%	40%
1 or 2 days	13%	24%	27%	35%	12%	20%	26%	30%
3 to 9 days	4%	10%	12%	20%	2%	7%	13%	13%
10 to 19 days	1%	3%	3%	5%	1%	2%	3%	5%
20 or more days/daily	1%	1%	2%	6%	1%	2%	2%	8%
Participants	N=761	N=549	N=603	N=117	N=2285	N=1951	N=1387	N= 110

Sources: California Healthy Kids Survey (CHKS), Sweetwater Union High School District, 1999 and 2001

Chart 4B - Percentage of Students That Reported Drinking Alcohol on Any of the Past Thirty Days
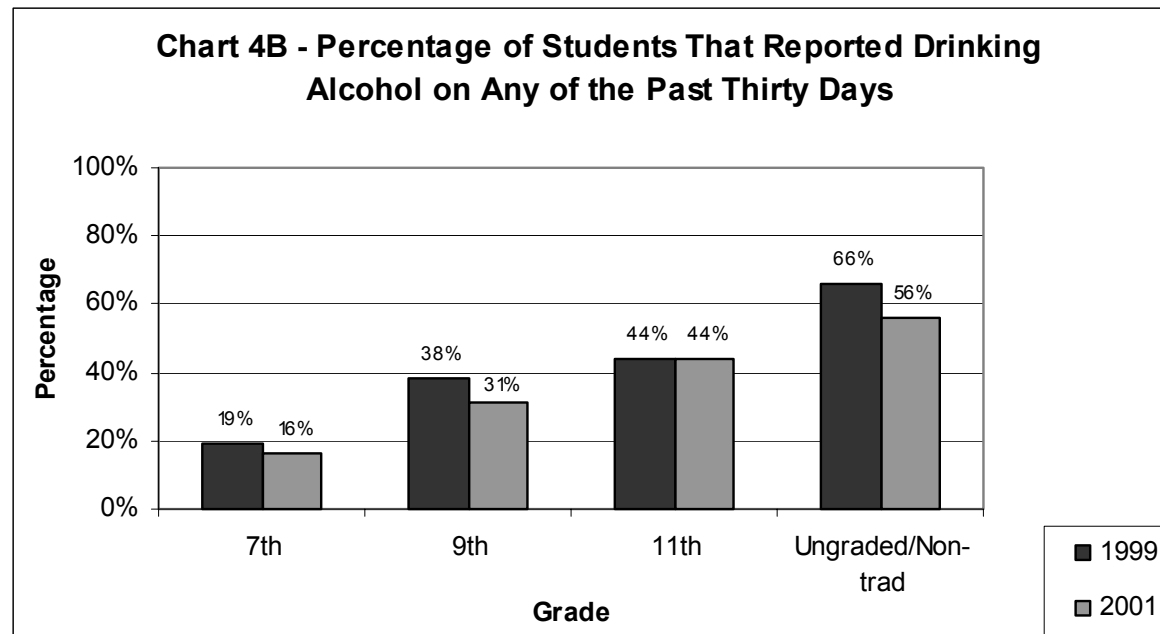
Table 4C. Number of Days that Marijuana was Used, Past Thirty Days.

Sweetwater Union High School District

	1999				2001			
	7th grade	9th grade	11th grade	Ungraded/ Non-Trad	7th grade	9th grade	11th grade	Ungraded/ Non-Trad
None/0 days	97%	88%	83%	65%	95%	89%	83%	61%
1 or 2 days	2%	7%	8%	13%	2%	5%	8%	8%
3 to 9 days	1%	3%	5%	6%	1%	2%	5%	7%
10 to 19 days	0%	1%	2%	8%	1%	1%	2%	9%
20 or more days/daily	0%	1%	2%	9%	1%	2%	3%	15%
Participants	N=770	N=554	N=606	N=117	N=2285	N=1951	N=1387	N= 110

Sources: California Healthy Kids Survey (CHKS), Sweetwater Union High School District, 1999 and 2001

Chart 4C - Percentage of Students That Reported Smoking Marijuana on Any of the Past Thirty Days
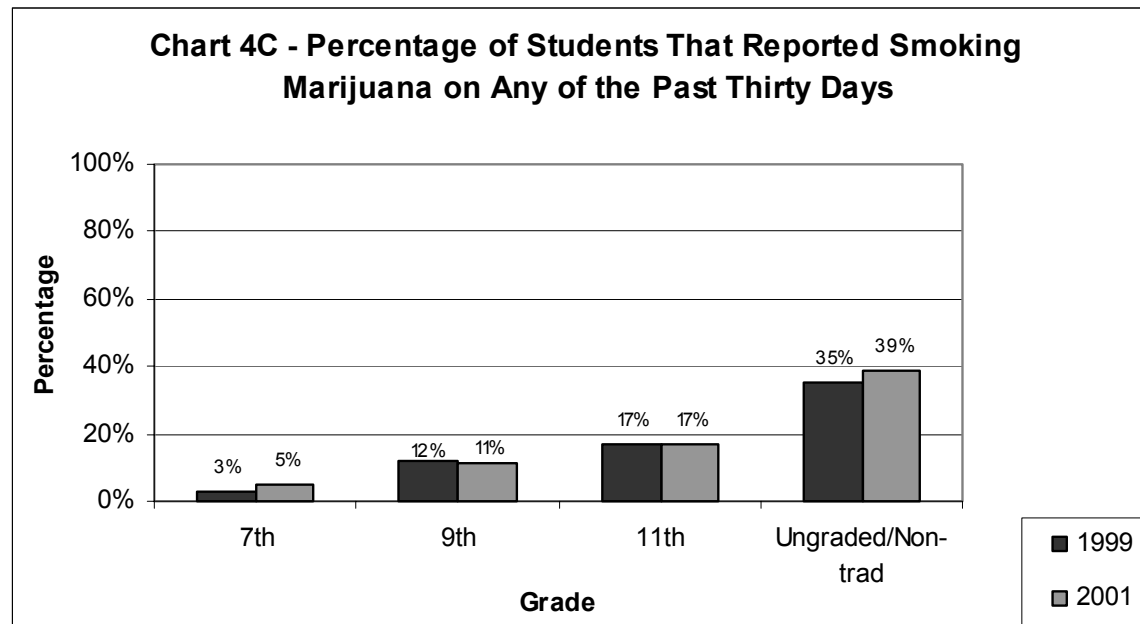
Leading Health Indicator #5: Responsible Sexual Behavior

Table 5A. Births to Girls Ages 15-17, San Diego County Residence.

	1995		1996		1997		1998		1999		2000	
	Births	Rate	Births	Rate	Births	Rate	Births	Rate	Births	Rate	Births	Rate
San Diego County	1,716	37.6	1,752	36.7	1,533	30.9	1,490	29.0	1,461	28.0	1,321	24.4
Region												
N. Coastal	273	37.4	291	38.6	228	28.9	226	27.4	207	24.3	202	22.8
N. Central	127	17.0	128	16.9	114	14.6	101	12.4	93	11.0	81	9.3
Central	489	60.6	521	63.0	451	52.7	440	49.8	403	45.1	415	45.5
South	339	44.7	322	41.7	297	37.4	308	37.7	293	35.4	247	29.0
East	235	26.2	232	25.2	210	22.1	198	20.2	212	21.4	161	16.0
N. Inland	250	26.4	254	26.1	232	23.0	216	20.5	243	22.6	210	19.0
Race/Ethnicity												
White	369	15.5	329	13.3	247	9.6	273	10.3	241	8.9	182	6.5
African American	209	59.8	182	49.2	175	46.1	148	39.3	148	39.7	109	28.4
Hispanic	1,028	76.2	1,143	80.7	1,013	67.9	991	63.8	972	61.7	961	58.7
Asian/Pacific-Islander	96	22.3	85	18.8	85	17.8	65	13.0	82	16.4	61	12.0
Native American	11	28.0	11	26.6	12	27.6	11	24.2	16	35.2	7	15.1
Other/Unknown	3	-	2	-	1	-	2	-	2	-	1	-

Footnotes: Rates are calculated per 1,000 females ages 15-17. No rates calculated for fewer than 5 events. Interpret with caution rates calculated on fewer than 20 events. Totals for HHSA Regions are less than the County total due to events in which region could not be determined. Asian/PI, Native American and Other population numbers determined by applying proportion of respective race/ethnicity group from 1990 Census to SANDAG's Asian (Asian/PI/Native-Am/Other) category. Starting year 2000, birth certificates allowed reporting of up to three races. This analysis takes into account only the first reported race.

Sources: State of California, Department of Health Services, Center for Health Statistics, Vital Statistics Section, Birth and Death Statistical Master Files and Birth Public Use Files. Population data from SANDAG Data Warehouse, 2020 Regionwide Forecast and Time Series, Population by Gender and Ethnicity for Single Years of Age; Subregional Estimates, Demographics - Population by Gender and Ethnicity.

Table prepared by: Community Epidemiology

1) Overall, and for every race/ethnicity, teenage birth rates have declined between 1995 & 2000.
2) Teenage birth rates are highest among Hispanic and African American girls.
3) Rates are highest in the Central region across all years.

Chart 5A - Births to Girls Ages 15-17, by Region
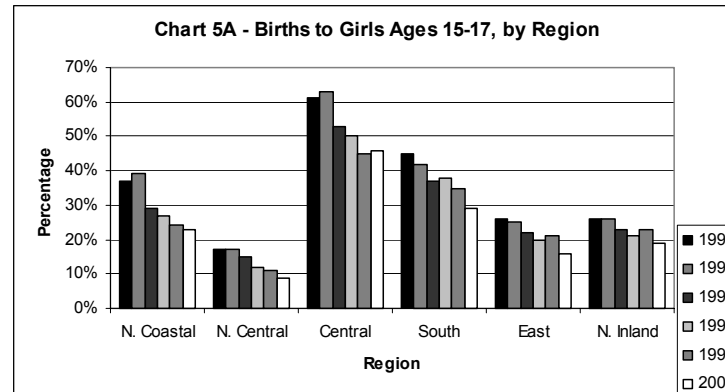
MAP 13: Births to Females Ages 15-17, by Zip Code Area

Source: U.S. Census Bureau, Census 2000

San Diego County ZIP Codes

PPH Jurisdictions
1. Linda Vista
2. Mid-City
3. South Region

Rate of Teen Births to
Girls Age 15-17, 1998-2000 Average

(per 1,000)
County Rate: 25.9

- 3.7 - 10.9
- 11.0 - 19.9
- 20.0 - 29.9
- 30.0 - 44.9
- 45.0 - 72.9
- Less than 5 Events

Classification Method: Natural Breaks
*Note: According to the United States Postal Service,
ZIP Code 92078 was split off from 92069 in July, 1999.
Because 1998-2000 three-year averages are shown,
data for the two ZIP Codes is presented together.

1" = 9 Miles

9.0   4.5   0   9.0

Miles

Data Source: SanGIS; Birth Data: State of California,
Department of Health Services, Center for Health
Statistics, Vital Statistics Section, Birth Statistical
Master Files. Population Data: San Diego
Association of Governments, Subregional Estimates.

South Bay
Partnership

Leading Health Indicator #6: Mental Health

Table 6A. Percentage of Adults Who Reported a Need for Some Type of Mental Health Care* During the Past 12 Months, 1999-2001.

By Region, Gender, Race/Ethnicity, and Age Group

|	1999		2000		2001	
	Number	%	Number	%	Number	%
San Diego County	406	10.9	439	11.8	456	12.5
Region						
North Coastal	65	10.7	71	11.9	60	9.9
North Central	84	10.6	97	11.2	92	11.4
Central	91	14.2	87	14.3	92	15.4
South	46	9.9	42	9.5	70	16.1
East	71	11.1	82	13.5	74	12.2
North Inland	49	8.5	60	10.2	68	11.3
Gender						
Male	131	8.7	126	8.4	118	8.5
Female	273	12.5	313	14.1	338	15.0
Race/Ethnicity						
White	286	11.3	309	12.0	299	12.2
African American	19	10.3	26	12.5	20	11.6
Hispanic	70	10.2	73	12.7	81	14.1
Asian	20	8.8	12	5.5	9	5.8
Native American	7	12.1	NA	NA	NA	NA
All Others	NA	NA	13	19.0	39	17.2
Age Groups						
< 35	132	10.3	124	11.3	146	14.5
35 to 44	87	12.0	129	15.5	108	14.6
45 to 64	150	14.2	148	12.8	157	13.3
65+	34	5.6	38	6.1	40	6.0
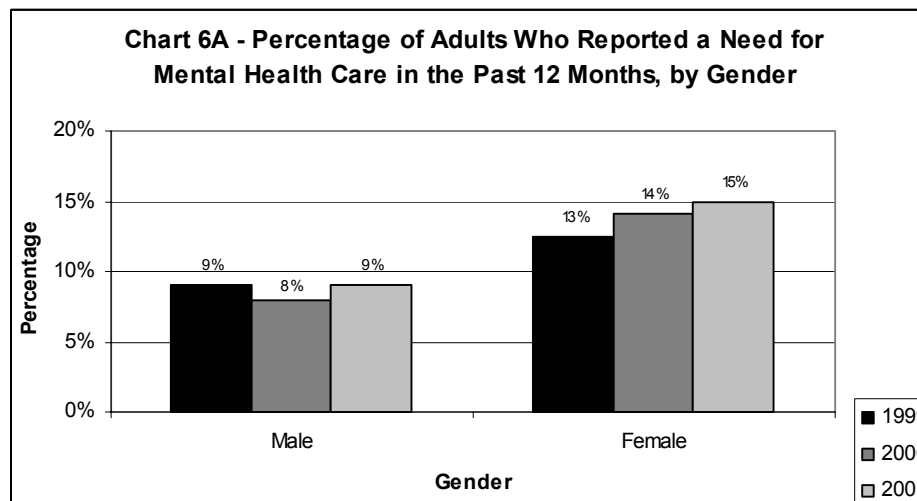
Chart 6A - Percentage of Adults Who Reported a Need for Mental Health Care in the Past 12 Months, by Gender

* Mental health care sought for problems such as depression or anxiety that lasted at least two weeks.

Footnotes: This is a proxy for the percentage of adults who have "frequent mental distress" defined as anyone who was asked how many days out of the last thirty days their mental health was not good, (mental health includes stress, depression, and problems with emotions) and they stated it was not good for 14 days.

Source: United Way of San Diego County, Outcomes and Community Impact Program, 1999-2001

Table prepared by: Community Epidemiology, Updated 8/16/2002

1) Significant difference noted between North Inland and Central.
2) The reported need for mental health care is significantly higher in the Central region than in the South or North Inland regions.
3) Asian respondents reported a significantly lower need for mental health care than other respondents.
4) The reported need for mental health care is significantly lower for respondents age 65 and older. Female respondents reported a significantly higher need for mental health care than male respondents.

Table 6B. Mental Disease & Disorder Related Hospitalizations Among San Diego County Residents, 1997-2000.

Annual number of hospital discharges and mortality rates per 100,000 population where major diagnostic group (MDC) was mental diseases & disorders

Preliminary results

	1997		1998		1999		2000	
	Hospital Discharges	Rate	Hospital Discharges	Rate	Hospital Discharges	Rate	Hospital Discharges	Rate
Race								
White	11,457	662.9	11,570	660.5	12,457	702.9	11991	670.1
African American	1,446	993.3	1,549	1,020.7	1,687	1,086.9	1668	1070.7
Hispanic	1,727	303.1	1,811	307.2	2,063	336.3	1912	298.3
Asian/Other	691	279.9	669	263.8	731	277.6	714	262.2
Age group*								
Under 1	10	23.4	7	NA	6	NA	10	22.8
1-4	22	11.5	16	8.4	16	8.4	14	7.4
5-14	1,192	302.8	1,247	306.1	1,233	294.8	1,186	277.1
15-24	2,137	545.2	2,163	542.4	2,368	579.4	2,330	559.0
25-34	2,621	595.8	2,548	577.2	2,658	603.5	2,484	562.9
35-44	3,986	885.5	3,930	853.9	4,305	923.2	4,063	861.0
45-54	2,356	756.7	2,393	729.2	2,940	855.6	2,961	825.3
55-64	891	455.4	964	470.5	1,072	499.7	1,162	516.1
65-74	927	557.1	911	539.2	952	554.1	808	460.7
75-84	1,098	1,013.7	1,037	936.3	1,051	930.6	938	814.6
85+	564	1,492.3	573	1,435.7	529	1,252.3	538	1210.2
Region								
North Coastal	1,910	434.2	2,023	439.7	2,080	445.4	1,687	348.7
North Central	2,525	478.5	2,433	444.2	2,649	466.6	2,351	404.4
Central	4,537	1,070.3	4,430	1,028.7	4,845	1,109.8	4,910	1112.0
South	1,814	518.0	1,769	491.0	2,084	566.3	2,148	568.9
East	2,900	653.7	3,030	667.3	3,270	709.9	3,328	713.4
North Inland	2,044	447.6	2,020	429.2	2,103	436.9	1,975	399.7
Total	15,804	592.5	15,789	576.8	17,130	612.5	16,494	576.9

Footnotes: Race, gender and region rates are age-adjusted to the 2000 U. S. Standard Population. NA = rates were not calculated because the numbers were so small.

Sources: California Office of Statewide Planning & Development Hospital Discharge Data, 1997-2000; San Diego Association of Governments (SANDAG) January 1, Population Estimates, 1997-2000

Table prepared by: Community Epidemiology

1) Rates are highest among African Americans across all years (followed by Whites).
2) Males and Females do not differ across years.
3) Rates are highest among the Middle-Aged (35 - 54 years) and Elderly (75 - 85+) across all years.
4) Rates are highest in the Central region across all years.

Table 6C. Percentage of Students Who Reported Actually Attempting Suicide One or More Times During the Past 12 Months.

	Sweetwater Union High School District		
	2001		
	9th grade	**11th grade**	**Ungraded or other**
0 times	89%	90%	82%
1+ times	10%	10%	17%
Participants	N=1951	N=1387	N=110

Sources: California Healthy Kids Survey (CHKS), Sweetwater Union High School District, 1999 and 2001

Chart 6B - Percentage of Students That Reported Actually Attempting Suicide One or More Times in the Past 12 Months

Percentage

Grade	
9th	11%
11th	10%
Ungraded/Non-trad	18%
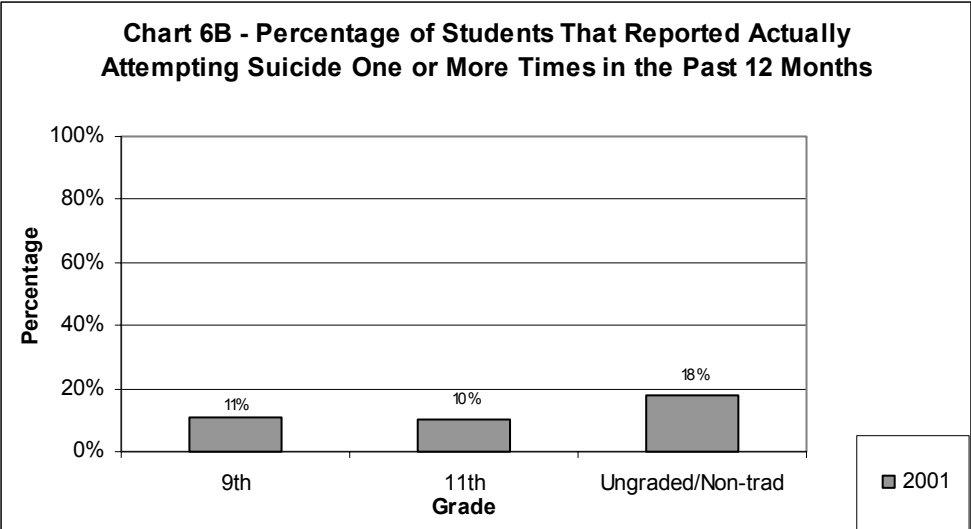
■ 2001

Sources: California Healthy Kids Survey (CHKS), Sweetwater Union High School District, 1999 and 2001

Table 6D. Percentage of Students Who Reported Feeling So Sad and Hopeless (almost every day for two weeks or more) That They Could Not Do Their Regular Activities, Past Twelve Months.

Sweetwater Union High School District

	1999				2001			
	7th grade	9th grade	11th grade	Ungraded/ Non-Trad	7th	9th	11th	Ungraded/ Non-Trad
Yes	23%	32%	37%	32%	29%	34%	40%	46%
No	77%	68%	63%	68%	71%	66%	60%	54%
Participants	N=744	N=544	N=603	N=119	N=2285	N=1951	N=1387	N= 110

Sources: California Healthy Kids Survey (CHKS), Sweetwater Union High School District, 1999 and 2001

Chart 6C - Percentage of Students That Reported Feeling So Sad and Hopeless in the Past 12 Months That They Could Not Do Their Regular Activities

Sources: California Healthy Kids Survey (CHKS), Sweetwater Union High School District, 1999 and 2001

Leading Health Indicator #7: Injury and Violence

Table 7A. Unintentional Injury Deaths Among San Diego County Residents.

By Region, Gender, Race/Ethnicity, and Age Group

Geographic Level	1995 Deaths	1995 Adjusted Rate	1996 Deaths	1996 Adjusted Rate	1997 Deaths	1997 Adjusted Rate	1998 Deaths	1998 Adjusted Rate	1999 Deaths	1999 Adjusted Rate	2000 Deaths	2000 Adjusted Rate
San Diego County	632	24.0	675	25.5	684	25.8	685	25.1	753	27.0	729	25.4
Region												
N. Coastal	95	21.7	102	23.4	128	29.2	92	20.1	112	24.0	102	21.1
N. Central	94	17.9	107	20.5	102	19.3	114	21.2	115	20.1	125	21.4
Central	132	32.3	127	30.5	139	34.4	115	26.7	158	37.8	142	32.5
South	70	20.6	65	19.5	86	25.5	82	23.5	89	25.2	97	26.6
East	98	23.3	121	27.9	99	22.9	119	26.6	106	23.4	124	26.6
N. Inland	108	24.4	118	26.6	97	20.7	130	27.5	126	25.3	98	19.3
Gender												
Male	468	36.0	490	37.4	482	36.6	484	36.2	558	40.5	518	36.7
Female	164	12.6	185	13.5	202	14.9	201	14.2	195	13.6	211	2.3
Race/Ethnicity												
White	413	23.6	460	26.1	449	25.3	467	25.6	507	27.6	508	27.1
African American	50	32.9	41	25.4	46	33.8	42	31.8	46	31.3	35	26.1
Hispanic	138	25.2	129	22.3	142	26.3	140	25.7	163	28.0	153	25.0
Asian/Other	31	17.3	44	21.1	45	23.1	35	13.8	35	14.0	31	11.6
	Deaths	Age-specific rate	Deaths	Age-specific rate	Deaths	Age-specific rate	Deaths	Age-specific rate	Deaths	Age-specific rate	Deaths	Age-specific rate
Age Groups												
Under 1	2	NA	3	NA	5	11.7	5	11.6	2	NA	4	NA
1-4	8	4.3	9	4.8	14	7.3	13	6.8	14	7.3	14	7.4
5-14	21	5.6	19	5.0	17	4.3	18	4.4	16	3.8	19	4.4
15-24	92	23.8	103	26.7	93	23.7	97	24.3	108	26.4	98	23.5
25-34	105	22.9	96	21.5	97	22.1	93	21.1	89	20.2	85	19.3
35-44	145	33.1	169	38.1	145	32.2	127	27.6	156	33.5	164	34.8
45-54	75	26.3	84	28.3	90	28.9	109	33.2	118	34.3	112	31.2
55-64	49	26.6	27	14.3	58	29.6	38	18.5	56	26.1	46	20.4
65-74	37	22.3	52	31.4	38	22.8	48	28.4	54	31.4	44	25.1
75-84	57	55.1	60	56.7	78	72.0	78	70.4	81	71.7	76	66.0
85+	28	83.1	44	123.2	45	119.1	53	132.8	53	125.5	59	132.7

Note: Descriptive notes are one the following page.

(From previous page)

Footnotes: All rates are per 100,000 population and are adjusted to 2000 Standard U.S. Population. Rate not calculated for fewer than 5 deaths in this category.

Source: California Death Statistical Master File; SANDAG January 1, population estimates

Table prepared by: Community Epidemiology, Updated 11/22/2002

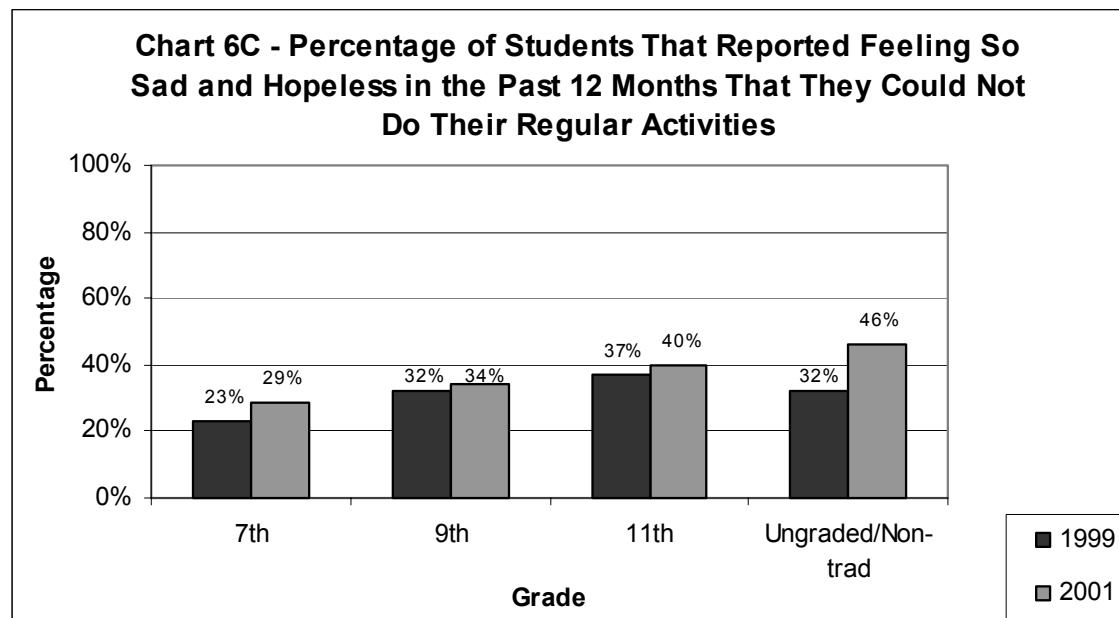1) No clear countywide pattern is apparent.
2) In five of the six years at question, the Central region had the highest death rate due to unintentional injury.
3) The death rate was highest among males across all years.
4) African Americans tended to have the highest death rate (4 of 6 years… Whites the remaining 2 years), while Asian/Other had the lowest rate across all years.
5) The highest death rates across all years were among the elderly (75-84 & 85+).

Chart 7A - Unintentional Injury Deaths, by Region
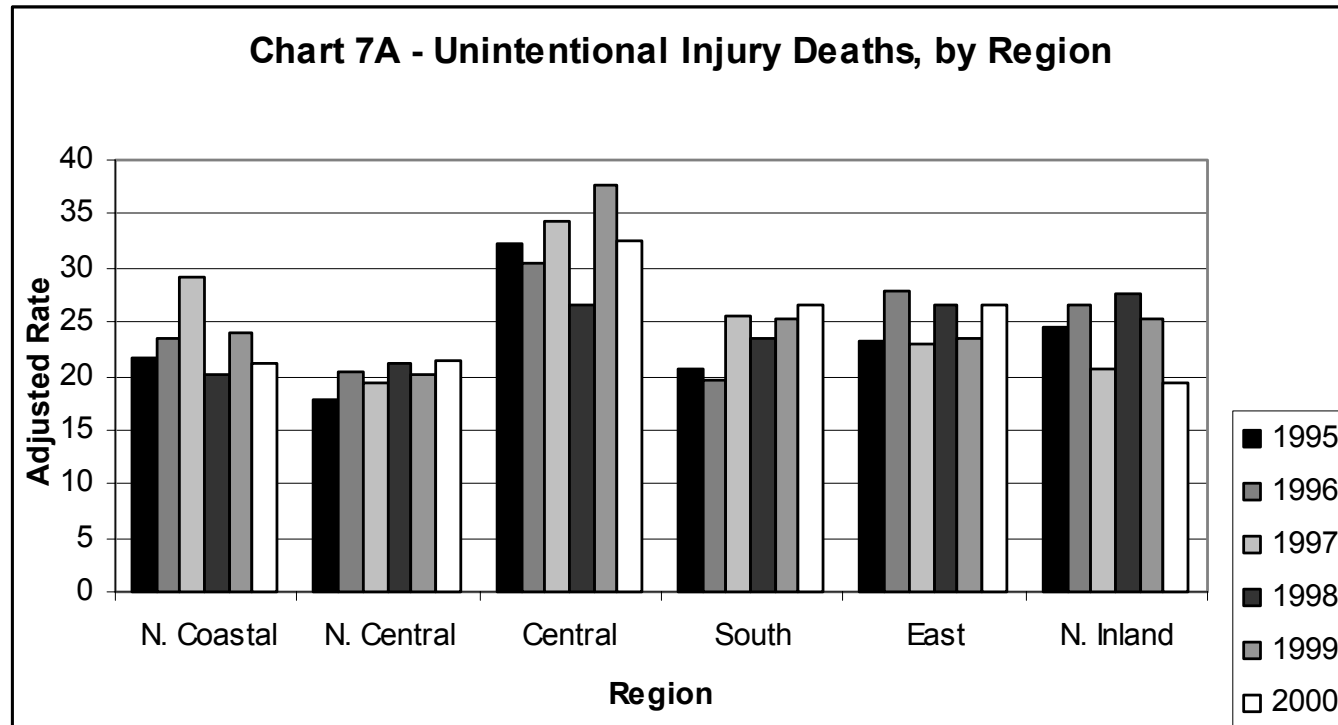
Table 7B. Rate of Domestic Violence Cases: 1996-2001.

By Region in Summary Format for 1999-2001

	1996 Rate	1997 Rate	1998 Rate	1999 Rate	2000 Rate	2001 Rate
San Diego County	27.6	25.0	21.3	20.6	21.0	21.2

	1999-2001 Rate
Region **	
North Inland	12.1
North Central	14.0
North Coastal	14.4
East	16.6
South	30.2
Central	37.2
Overall County Rate (1999-2001)	20.9

Footnotes: Rates have been rounded and do not include reports with invalid zip codes (approximately 5% of reports). Rates represent law-enforcement responded reports of domestic violence. Reports are per 1,000 households. For the Region table, rates were averaged over the 3-year period from 1999 to 2001.

Sources: Automated Regional Justice Information System (ARJIS), San Diego Data Processing Corporation; San Diego County household estimates used in rate calculations were obtained from SANDAG.

Table prepared by: Community Epidemiology, Updated 11/25/2002

1) Overall countywide rate has remained stable since 1998.
2) The Central Region had the highest average rate (i.e., 1999-2001) of domestic violence, followed by the South Region.

Chart 7B - Rate of Domestic Violence Cases in 1999-2001, by Region

Gray dashed line = Overall county rate in 1999-2001 (21)
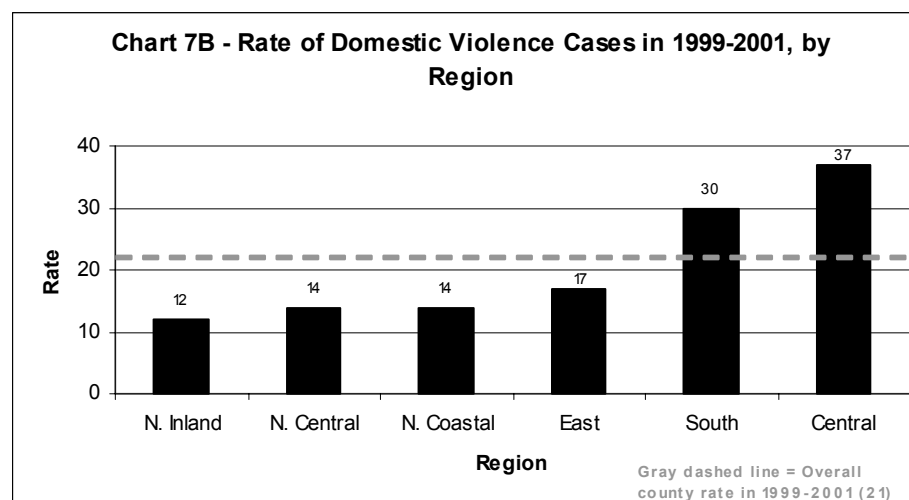
Table 7C. Suicide Deaths Among San Diego County Residents.

By Region, Gender, Race/Ethnicity, and Age Group

Geographic Level	1995 Deaths	1995 Adjusted Rate	1996 Deaths	1996 Adjusted Rate	1997 Deaths	1997 Adjusted Rate	1998 Deaths	1998 Adjusted Rate	1999 Deaths	1999 Adjusted Rate	2000 Deaths	2000 Adjusted Rate
San Diego County	358	14.0	337	13.0	341	12.9	308	11.4	286	10.4	333	11.8
Region												
North Coastal	56	13.0	40	9.2	85	19.8	59	13.1	40	8.8	49	10.2
North Central	71	13.3	62	11.6	64	11.6	67	12.3	64	11.2	80	13.4
Central	71	17.5	77	19.2	52	11.7	60	13.8	57	13.6	54	12.7
South	33	10.0	37	10.8	28	8.0	34	10.0	25	7.0	39	10.7
East	65	15.3	63	14.5	59	13.7	48	10.8	48	10.5	56	12.1
North Inland	56	12.7	51	11.5	48	10.4	35	7.5	44	9.1	49	10.0
Gender												
Male	275	22.0	266	21.1	255	19.7	237	18.1	218	16.3	254	18.3
Female	83	6.5	71	5.6	86	6.7	71	5.4	68	4.8	79	5.7
Race/Ethnicity												
White	287	16.3	274	15.6	283	15.9	247	13.8	228	12.4	262	14.2
African American	13	10.2	14	10.5	21	12.3	11	6.0	14	7.8	19	10.6
Hispanic	40	8.1	31	5.6	19	2.7	35	5.8	31	4.8	32	5.0
Asian/Other	18	8.1	17	6.5	18	8.4	15	6.3	12	4.3	20	7.3
	Deaths	Age-specific rate	Deaths	Age-specific rate	Deaths	Age-specific rate	Deaths	Age-specific rate	Deaths	Age-specific rate	Deaths	Age-specific rate
Age Groups												
Under 1	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
1-4	0	NA	0	NA	0	NA	0	NA	0	NA	0	NA
5-14	2	NA	2	NA	1	NA	2	NA	3	NA	1	NA
15-24	57	14.7	40	10.4	36	9.2	41	10.3	25	6.1	40	9.6
25-34	61	13.3	68	15.3	65	14.8	49	11.1	52	11.8	52	11.8
35-44	78	17.8	67	15.1	76	16.9	68	14.8	52	11.2	71	15.0
45-54	44	15.5	48	16.2	51	16.4	51	15.5	59	17.2	71	19.8
55-64	35	19.0	37	19.6	30	15.3	32	15.6	25	11.7	34	15.1
65-74	36	21.7	33	19.9	38	22.8	23	13.6	25	14.6	23	13.1
75-84	39	37.7	29	27.4	34	31.4	30	27.1	32	28.3	27	23.4
85+	6	17.8	12	33.6	10	26.5	12	30.1	12	28.4	14	31.5

Note: Descriptive notes are on the following page.

(From the previous page)

1) County-wide suicide rate declined steadily through 1999, then increased slightly in 2000.
2) The Central region had the highest suicide rate in four of the six years.
3) The suicide rate was highest for males across all years.
4) Whites had the highest suicide rate across all years, and Hispanics the lowest in five of the six years.
5) The highest suicide rates across all years were among the elderly (75-84 & 85+).

Chart 7D - Suicide Deaths in SD County, by Region

Chart 7C - Suicide Deaths in SD County, by Race/Ethnicity
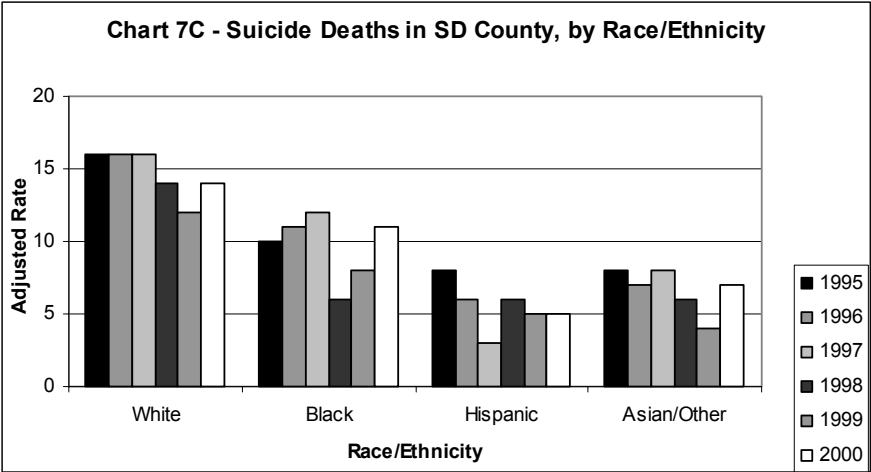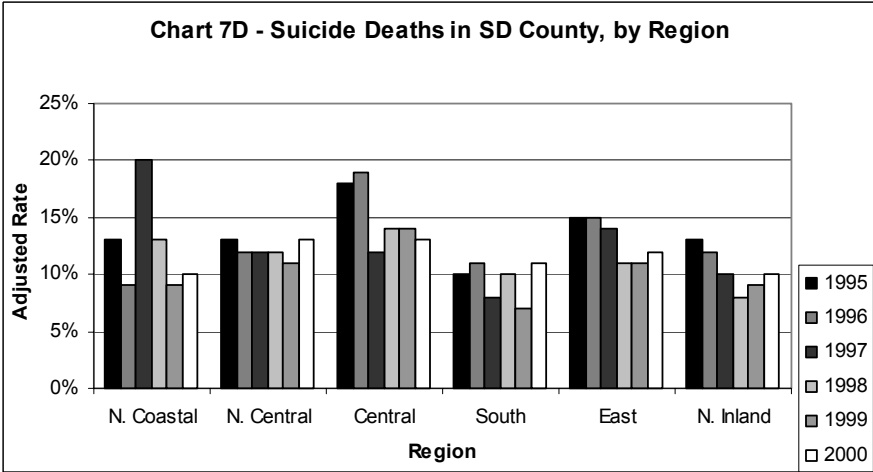
Table 7D. Leading Unintentional Injury Deaths Among San Diego County Residents, by Age: 2000.

Age	Rank	Type of Injury Death	N	% of Unintentional Injury Deaths
<15	1	Motor vehicle crashes	13	35.1
	2	Drowning	10	27.0
		All other unintentional injury deaths	14	37.8
		Total unintentional injury deaths, this age group	**37**	**100.0**
15-19	1	Motor vehicle crashes	27	60.0
		All other unintentional injury deaths	18	40.0
		Total unintentional injury deaths, this age group	**45**	**100.0**
20-24	1	Motor vehicle crashes	25	47.2
	2	Accidental poisoning	6	13.3
		All other unintentional injury deaths	22	59.5
		Total unintentional injury deaths, this age group	**53**	**100.0**
25-34	1	Motor vehicle crashes	34	40.0
	2	Accidental poisoning	31	36.5
		All other unintentional injury deaths	20	54.1
		Total unintentional injury deaths, this age group	**85**	**100.0**
35-44	1	Accidental poisoning	90	54.9
	2	Motor vehicle crashes	35	21.3
	3	Water, air, non-MV land & other transport accidents	6	3.7
	4	Drowning	5	11.1
		All other unintentional injury deaths	28	75.7
		Total unintentional injury deaths, this age group	**164**	**100.0**
45-54	1	Accidental poisoning	53	47.3
	2	Motor vehicle crashes	26	23.2
	3	Falls	11	9.8
		All other unintentional injury deaths	22	59.5
		Total unintentional injury deaths, this age group	**112**	**100.0**

Age	Rank	Type of Injury Death	N	% of Unintentional Injury Deaths
55-64	2	Falls	12	26.1
	2	Accidental poisoning	9	19.6
		All other unintentional injury deaths	9	24.3
		Total unintentional injury deaths, this age group	**46**	**100.0**
65-74	1	Motor vehicle crashes	16	36.4
	2	Falls	14	31.8
		All other unintentional injury deaths	14	37.8
		Total unintentional injury deaths, this age group	**44**	**100.0**
75+	1	Falls	80	59.3
	2	Motor vehicle crashes	22	16.3
	3	Choking accident	5	3.7
		All other unintentional injury deaths	28	75.7
		Total unintentional injury deaths, this age group	**135**	**100.0**

Footnotes: The 1999 mortality data is the first release to use ICD-10 to code underlying cause of death. For injury deaths in particular (including unintentional injury) the ICD-10 code classifications differ considerably from ICD-9 classifications used for pre-1998 data. Rank order based on number of deaths. Broad category for "other unspecified unintentional injury" are not included in this ranking.

Source: California Death Statistical Master File

Table prepared by: Community Epidemiology, Updated 8/16/2002

1) In five of the nine age groups, Motor Vehicle Crashes were the leading cause of unintentional injury deaths (Accidental Poisoning for 35-44- and 45-54-year olds and Falls for those 75+). Falls also were highest for 55-64-year olds.

MAP 14: Motor Vehicle Occupant Injuries, by Sub-Regional Area

Source: U.S. Census Bureau, Census 2000

Rate of Paramedic/EMT
Emergency Patients
Resulting from Motor Vehicle Injuries
in FY 1999-2000

(per 100,000)
County Rate: 462

	28 - 450
	451 - 1,000
	1,001 - 2,500
	2,501 - 5,000
	5,001 - 7,775

Classification Method: Natural Breaks

☐ Census Sub-Regional Areas

☐ PPH Jurisdictions
  1 Linda Vista
  2 Mid-City
  3 South Region

1 " = 9 Miles

9.0   4.5   0   9.0

Miles

Data Source: SanGIS; County of San Diego
HHSA, Division of Emergency Medical Services,
Prehospital Database FY 99-00; Population Estimates
San Diego Association of Governments

South Bay Partnership

Leading Health Indicator #8: Environmental Quality

8A. Air Quality

Air quality in San Diego County is monitored by the San Diego Air Pollution Control District. Air quality is continuously monitored in the San Diego Air Basin, which covers the 4,225 square miles of San Diego County, for smog (ozone), carbon monoxide, nitrogen dioxide, sulfur dioxide, and inhalable particles.

The map at right shows the location of the 10 air quality monitoring stations located throughout the county.

Ozone is the chief component of smog and the region's primary air pollution problem. Under the 1990 federal Clean Air Act, the Environmental Protection Agency (EPA) classified San Diego as a "serious" nonattainment area for ozone according to the extent of the pollution problem in 1987-1989. San Diego will officially retain that classification until a formal request to redesignate to attainment is made and EPA determines that all statutory criteria for redesignation have been met.

Air quality in San Diego has improved considerably since 1989, largely due to a reduction in ozone. In 2001, San Diego County reached a major milestone when it attained the federal one-hour clean air standard for ozone (smog). To the right is a chart that shows the historical pattern of ozone pollution in San Diego from 1980 through 2001.

For more information on air quality monitoring and for data from individual monitoring stations, visit the Air Pollution Control District's web site at: http://www.sdapcd.co.san-diego.ca.us/

San Diego County Air Monitoring Stations
Map 8A

Number of Days Exceeding Federal Clean Air Standard (One Hour)

Chart 8A
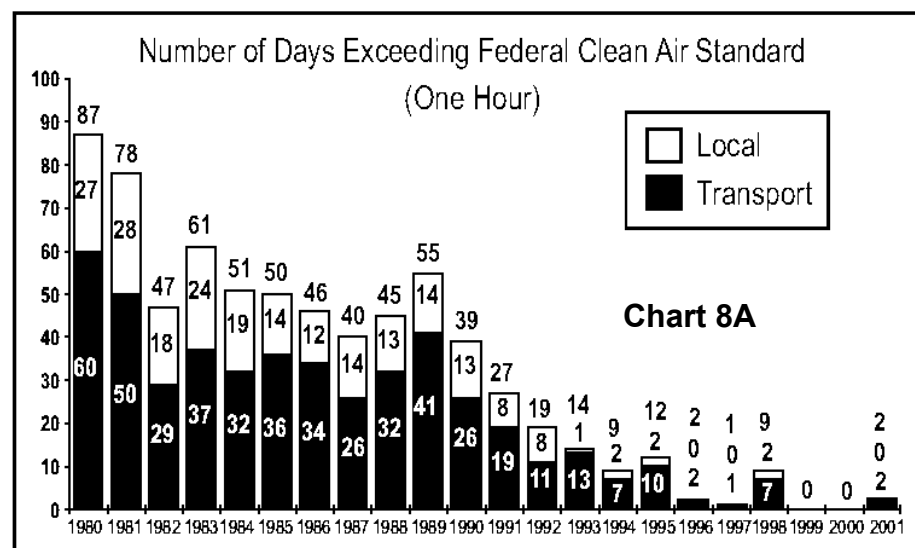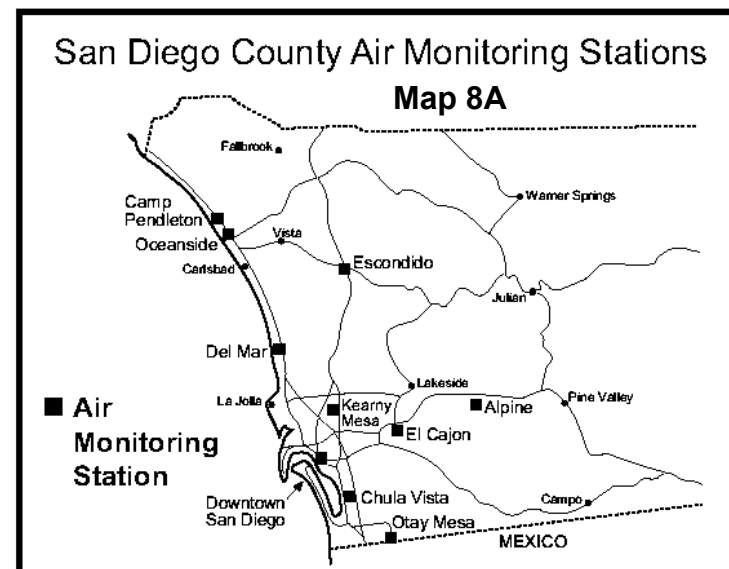
8B. Beach and Bay Water Quality

The County Department of Environmental Health maintains a Recreational Water Monitoring Program to ensure the safety of beachgoers. Water samples are collected at various points around the County to determine if recreational waters are contaminated. If test results show that levels of bacteria are above State standards, the beach will be posted with warning signs to protect the health of the public. When further sampling confirms that bacteria levels have dropped below State standards, the beach will be reopened (warning signs will be removed).

Contaminated water may contain bacteria, viruses, and other organisms which can cause flu-like illnesses, resulting in vomiting, fever or diarrhea, as well as skin rashes and sinus or ear infections.

Elevated bacteria levels can result from natural sources, stormwater pollution and sewage spills. Sewage contaminated water poses the greatest health risk.

- **Stormwater Pollution:** Beaches and other recreational waters commonly become polluted from stormwater pollution. This occurs when rain and other sources of runoff transport pollutants (animal wastes, paints, automotive fluids, cleaners, fertilizers, etc.) into storm drains or gutters. The storm drain system, which is designed to prevent flooding in urban areas, is not connected to the sewer system. Unfortunately, this means that pollutants are instead carried to our beaches and other waters where we fish and swim.
- **Sewage Spills:** Recreational waters can also become contaminated with infectious materials (body fluids, human or animal feces, etc.) when sewer lines break or overflow, spilling untreated sewage into the storm drain system. Sewage spills typically occur when lines become blocked due to grease, roots or rain infiltration.
- **Natural Sources:** Bacteria from soils, decaying vegetation, wildlife, and birds can also contaminate recreational waters. These sources can elevate bacteria levels in recreational waters with poor water circulation.

The County maintains an informative web site to provide information on water quality to the public. This site provides background information on water quality issues, describes the County's monitoring program, and links to historical (2000-2002) water quality data and an interactive map that provides current water quality information from testing stations from San Onofre State Beach in the north to Border Field State Park in the south.

For more information, access the internet and go to: http://www.co.san-diego.ca.us/deh/lwq/beachbay/index.html

The Department of Public Works, Land Use and Environment Group, also have a program to help reduce water pollution resulting from stormwater runoff. The problem is that when rain flows over streets and other surfaces, it pick up pollutants and carries them into the stormwater conveyance ("storm drain") system. The storm drain is designed to prevent flooding by transporting water away from urban areas. Unfortunately, this water and all the contaminants it contains eventually flow to our streams, lakes, and the ocean where we swim and fish. Once there, polluted runoff can harm wildlife and their habitats. In some cases, it can even cause beach closures or make our fish and shellfish unsafe to eat.

For more information on the negative impact of stormwater runoff on surface water quality and how you can help reduce this impact, access the internet and go to: http://www.sdcounty.ca.gov/dpw/sw2/index.html

Leading Health Indicator #9: Immunization

9A. Countywide Coverage: Children, Adolescents, Adults and Seniors, 2001-2002.

Children (19-36 months old):

- 81% children in San Diego County were fully immunized by 4 doses of DTP, 3 doses of Polio, 1 dose of MMR, 3 doses of Hib, 3 doses of Hepb, and 1 dose of Varicella.

  Data source: 2002 San Diego County Random Digit Dialing Telephone Survey conducted by UCSD/SDSU San Diego Immunization Partnership Program.

  Healthy People 2010 Objective: 80%.

Adolescents (seventh grade students):

- 90% students in San Diego County received 3 doses of Hepb and 2 doses of Measles-containing vaccine.

  Data source: 2001 School Selective Review conducted by County of San Diego, Health and Human Services Agency, Immunization Program.

  Healthy People 2010 Objective: in development.

Healthy Adults (18-64 years):

- 20% healthy adults received an influenza vaccine in 12 months.

  Data source: 2002 San Diego County Random Digit Dialing Telephone Survey conducted by UCSD/SDSU San Diego Immunization Partnership Program.

  Healthy People 2010 Objective: none.

High-risk Adults (18-64 years):

- 39% and 18% high-risk adults received an influenza vaccine in 12 months and pneumococcal vaccine, respectively.

  Data source: 2002 San Diego County Random Digit Dialing Telephone Survey conducted by UCSD/SDSU San Diego Immunization Partnership Program.

  Healthy People 2010 Objective: 60%.

Seniors (65 and over):

- 71% and 61% seniors received an influenza vaccine in 12 months and pneumococcal vaccine, respectively.

  Data source: 2002 San Diego County Random Digit Dialing Telephone Survey conducted by UCSD/SDSU San Diego Immunization Partnership Program.

  Healthy People 2010 Objective: 90%.

9B. By Ethnicity/Race: Children.

Children (19-36 months old):

- 87% Hispanic children and 77% other non-Hispanic children in San Diego County were fully immunized by 4 doses of DTP, 3 doses of Polio, 1 dose of MMR, 3 doses of Hib, 3 doses of Hepb, and 1 dose of Varicella.

  Data source: 2002 San Diego County Random Digit Dialing Telephone Survey conducted by UCSD/SDSU San Diego Immunization Partnership Program.

  Healthy People 2010 Objective: 80% and eliminate health disparities.

Immunization appreviations:
DTP=Diphtheria, Tetanus, Pertussis
MMR=Measles, Mump, Rubella
Hib=Haemophilus influenza type B
Hepb=Hepatitis B

Leading Health Indicator #10: Access to Health Care

Table 10A. Percentage of Adults Who Have Health Insurance Coverage, 1999-2001.

By Region, Gender, Race/Ethnicity, and Age Group

	1999		2000		2001	
	Number	%	Number	%	Number	%
San Diego County	3128	84.6	3225	86.9	3205	87.8
Region						
North Coastal	517	85.3	515	86.3	539	88.9
North Central	697	88.2	798	91.9	730	90.5
Central	486	75.9	480	78.8	469	78.3
South	377	81.4	379	85.9	379	87.1
East	567	88.5	541	88.8	556	91.9
North Inland	499	86.6	512	87.2	532	88.7
Gender						
Male	1267	83.5	1301	87.1	1197	86
Female	1864	85.5	1924	86.7	2008	88.8
Race/Ethnicity						
White	2276	89.9	2343	91.0	2258	91.8
African American	166	90.2	183	88.0	156	90.7
Hispanic	426	62.1	385	67.1	393	68.6
Asian	196	86.7	197	90.8	139	90.3
Native American	48	82.8	34	87.2	28	82.4
Age Groups						
< 35	908	75.7	874	79.4	795	78.8
35 to 44	665	82.7	717	86.1	647	87.2
45 to 64	931	87.6	1024	88.7	1057	89.5
65+	602	98.5	610	97.9	654	98.1

Source: United Way of San Diego County, Outcomes and Community Impact Program, 1999-2001

Table prepared by: Community Epidemiology, Updated 8/16/2002

1) The level of medical insurance coverage in the Central region is significantly lower than other regions.
2) The level of medical insurance coverage for Hispanics were significantly lower than other race/ethnic groups.

Chart 10A - Percentage of Adults Who Have Health Insurance Coverage, by Age

Chart 10B - Percentage of Adults Who Have Health Insurance Coverage, by Race/Ethnicity
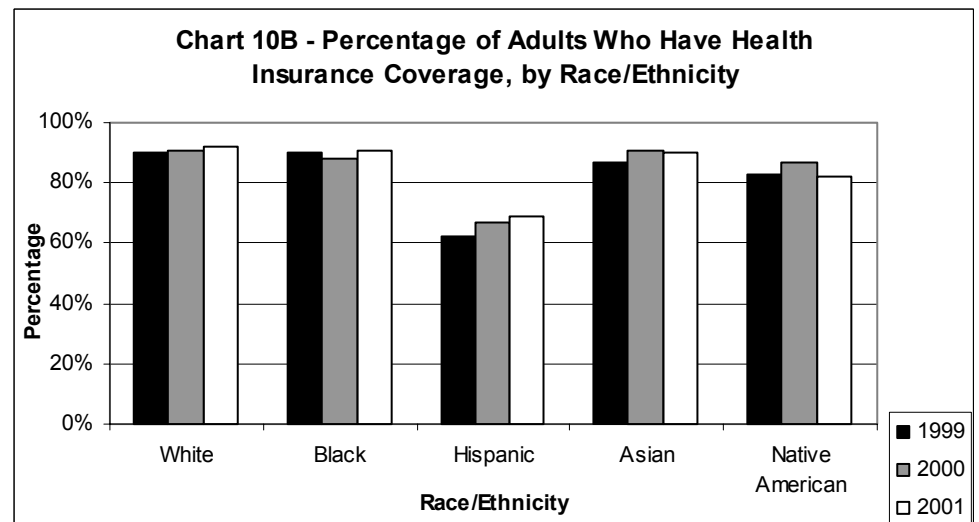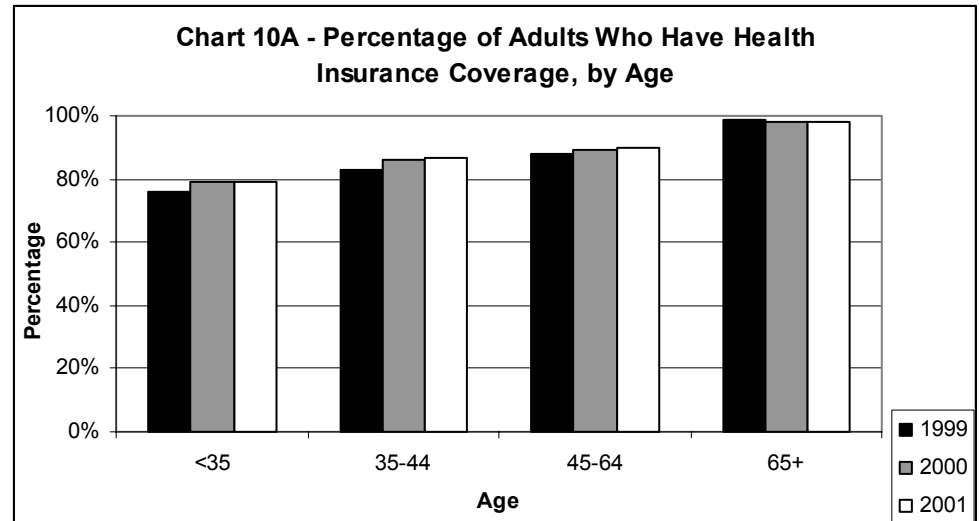
Table 10B. Percentage of Adults Who Have Dental Insurance, 1999-2001.

By Region, Gender, Race/Ethnicity, and Age Group

	1999		2000		2001	
	Number	%	Number	%	Number	%
San Diego County	2321	62.4	2421	65.2	2347	64.3
Region						
North Coastal	365	60.2	382	64.0	384	63.4
North Central	509	64.3	572	65.9	547	67.8
Central	385	59.9	364	59.8	349	58.3
South	290	62.6	302	68.5	283	65.1
East	417	65.1	415	68.1	408	67.4
North Inland	355	61.6	386	65.8	376	62.7
Gender						
Male	960	63.2	996	66.7	913	65.6
Female	1354	62.1	1425	64.2	1434	63.5
Race/Ethnicity						
White	1642	64.8	1716	66.6	1593	64.8
African American	137	74.5	163	78.4	131	76.2
Hispanic	320	46.6	292	50.9	311	54.3
Asian	161	71.2	156	71.9	113	73.4
Native Americans	36	62.1	24	61.5	20	58.8
Age Groups						
18 to 20	87	57.0	103	59.9	69	62.7
21 to 34	648	61.9	614	66.1	583	64.8
35 to 44	547	68.0	604	72.5	536	72.2
45 to 64	663	62.3	747	64.7	787	66.6
65+	354	57.9	353	56.7	339	50.8

Chart 10C - Percentage of Adults Who Have Dental Insurance, by Age

Source: United Way of San Diego County, Outcomes and Community Impact Program, 1999-2001

Table prepared by: Community Epidemiology, Updated 8/16/2002

1) The level of Hispanic dental coverage was significantly lower than other race/ethnic groups, while coverage reported by African-Americans was significantly higher.
2) Persons in the 35 to 44 age group were significantly more likely than other groups to have dental insurance coverage.
3) The observed variations between the Central region and all other regions was statistically significant.
4) Persons under 21 and 65 and older were significantly less likely to have dental insurance than other age categories.

Table 10C. Percentage of Households with Children Age 0-18 with Medical Insurance Coverage, 1999-2001.

By Region, and Race/Ethnicity

	1999		2000		2001	
	Number	%	Number	%	Number	%
San Diego County	1306	85.9	1223	88.8	1158	88.7
Region						
North Coastal	196	82.0	212	88.3	207	89.2
North Central	206	91.2	209	95.4	224	95.3
Central	226	80.7	181	85.0	169	79.7
South	189	84.0	176	84.2	159	88.8
East	254	92.0	224	91.8	200	91.3
North Inland	235	85.5	221	87.4	199	87.3
Race/Ethnicity						
White	760	93.8	746	92.6	694	93.9
African American	92	92.9	94	95.9	76	93.8
Hispanic	319	69.0	258	76.3	253	75.3
Asian	93	92.1	NA	NA	NA	NA
Native American	25	89.3	NA	NA	NA	NA
Asian/Other	NA	NA	109	93.2	119	90.2

Footnotes: This indicator is a proxy for the percentage of children ages 0-18 who have health insurance.

Source: United Way of San Diego County, Outcomes and Community Impact Program, 1999-2001

Table prepared by: Community Epidemiology, Updated 8/16/2002

1) The Central & North Coastal regions reported significantly less dependent insurance coverage than the North Central or East regions.
2) Hispanics had significantly lower medical insurance coverage compared to other race/ethnic groups.
3) Respondents in the North Central region were significantly more likely to report that their dependents have medical insurance than other regions.

Chart 10D - Percentage of Households With Children Age 0-18 With Medical Insurance Coverage, by Race/Ethnicity

Chart 10E - Percentage of Households With Children Age 0-18 With Medical Insurance Coverage, by Region
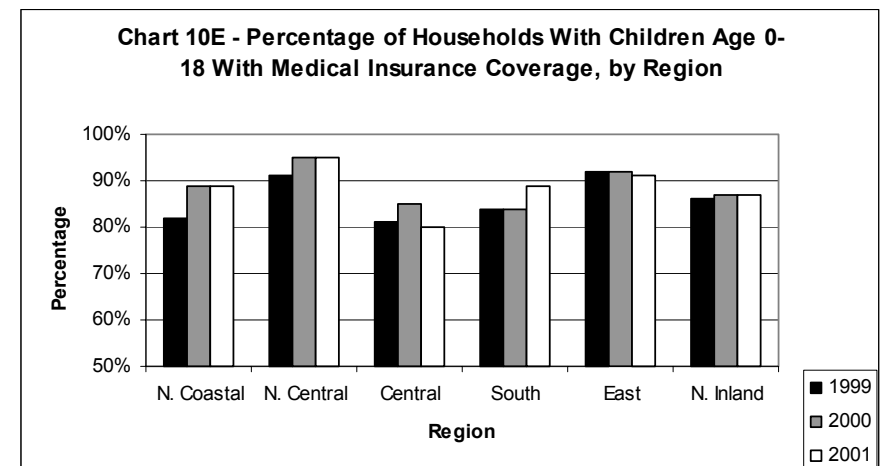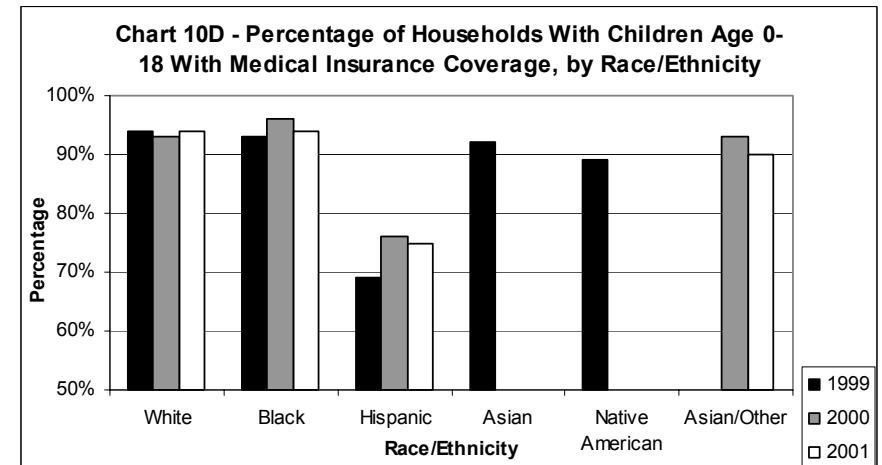
Table 10D. Percentage of Households with Children Age 0-18 with Dental Insurance Coverage, 1999-2001.

By Region, and Race/Ethnicity

	1999		2000		2001	
	Number	%	Number	%	Number	%
San Diego County	1041	68.4	997	72.4	971	74.5
Region						
North Coastal	167	69.9	170	70.8	166	71.6
North Central	160	70.8	163	74.4	186	79.1
Central	180	64.3	152	71.4	152	72.4
South	154	68.4	145	69.4	134	74.9
East	203	73.6	194	79.5	169	77.2
North Inland	177	64.4	173	68.4	164	71.9
Race/Ethnicity						
White	597	73.7	595	73.8	564	76.3
African American	87	87.9	85	86.7	72	88.9
Hispanic	246	53.2	207	61.2	215	64.4
Asian	77	76.2	80	85.1	50	84.7
Native American	19	67.9	10	71.4	6	66.7
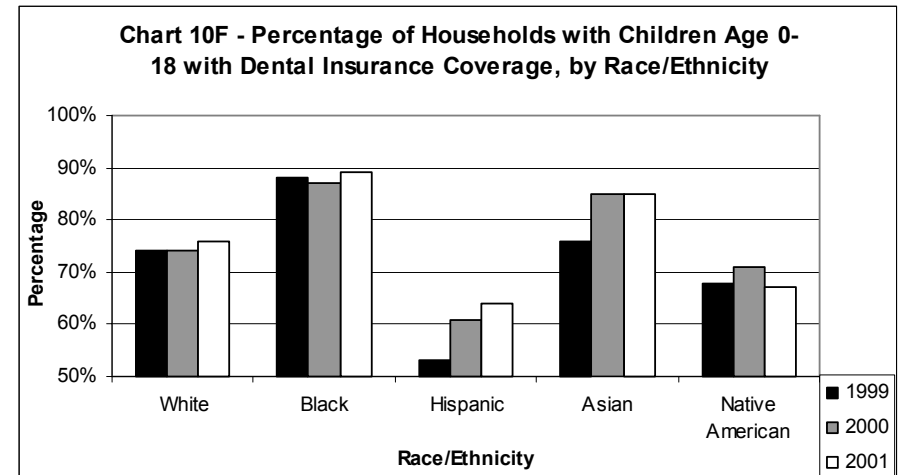
Footnotes: This indicator is a proxy for the percentage of children ages 0-18 who have dental insurance.

Source: United Way of San Diego County, Outcomes and Community Impact Program, 1999-2001

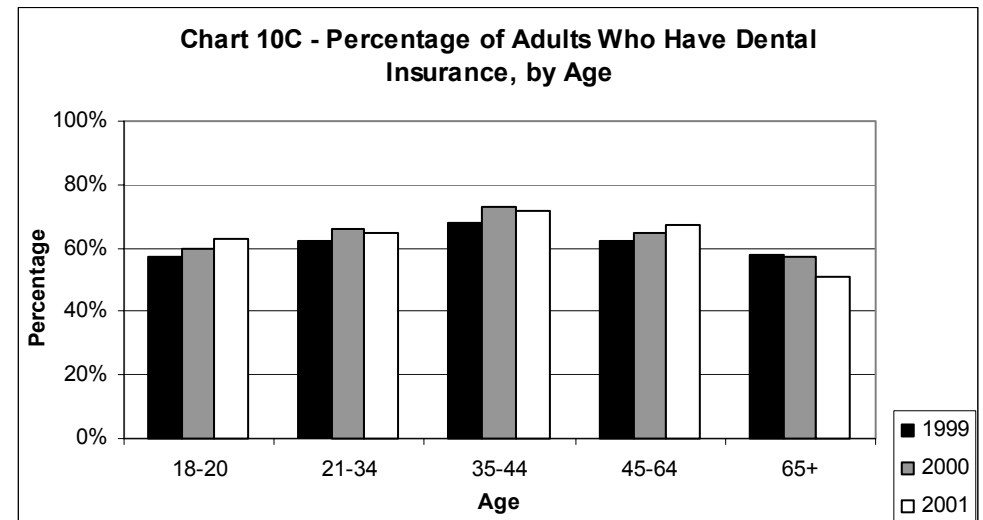Table prepared by: Community Epidemiology, Updated 8/16/2002

1) There is an upward trend in coverage rate across years.
2) East and North Central regions have highest coverage rates across years.
3) African Americans have the highest coverage rate and Hispanics the lowest across years.
4) The Hispanic level of coverage is significantly lower than other race/ethnic groups.

Chart 10F - Percentage of Households with Children Age 0-18 with Dental Insurance Coverage, by Race/Ethnicity

Chart 10G - Percentage of Households with Children Age 0-18 with Dental Insurance Coverage, by Region
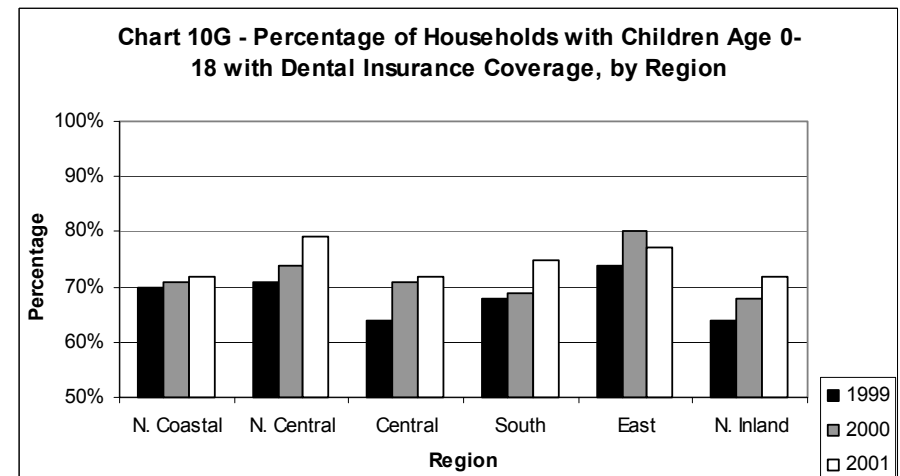
Reportable Diseases and Conditions

Table 11. Number of AIDS cases in San Diego County.

		HHSA Region at Time of AIDS Diagnosis												SD County	
		Central		South		North Central		North Coastal		East		North Inland			
Demographic Variable		1998-1999 (n=541)	2000-2001 (n=463)	1998-1999 (n=118)	2000-2001 (n=129)	1998-1999 (n=96)	2000-2001 (n=100)	1998-1999 (n=86)	2000-2001 (n=48)	1998-1999 (n=64)	2000-2001 (n=70)	1998-1999 (n=40)	2000-2001 (n=36)	1998-1999 (n=945)	2000-2001 (n=846)
Race/ Ethnicity	White	297	210	28	17	61	68	56	26	35	42	24	17	501	380
	African American	94	97	11	10	14	13	10	9	13	6	1	1	143	136
	Hispanic	140	140	76	99	19	16	16	11	15	18	15	14	281	298
	Other	10	16	3	3	2	3	4	2	1	4	0	4	20	32
Gender	Male	499	423	104	116	91	87	72	44	54	57	37	29	857	756
	Female	42	40	14	13	5	13	14	4	10	13	3	7	88	90
Age	Mean Age	38.3 yrs	39.0 yrs	37.6 yrs	37.9 yrs	40.0 yrs	40.0 yrs	42 yrs	39.5 yrs	39.4 yrs	39.2 yrs	40 yrs	43.4 yrs	38.6 yrs	39.2 yrs
	12 Years or Less	0	0	0	1	1	0	0	0	0	0	0	0	1	1
	13 - 19 Years	2	1	0	1	0	0	1	0	1	0	0	0	4	2
	20 - 29 Years	74	44	23	21	13	9	9	8	8	9	4	0	131	91
	30 - 39 Years	253	229	59	52	38	44	29	19	30	29	24	16	433	389
	40 - 49 Years	152	141	23	40	32	31	29	15	17	22	8	11	261	260
	50 Years Plus	60	48	13	14	12	16	18	6	8	10	4	9	115	103
Mode of HIV Transmission	MSM	370	334	80	81	76	66	57	32	44	41	26	23	653	577
	IDU	69	51	15	22	9	10	14	5	6	12	6	6	119	106
	MSM + IDU	74	43	6	5	7	7	4	5	3	7	4	1	98	68
	Heterosexual	24	31	15	19	2	12	10	6	10	7	4	5	65	80
	Other/RNS	4	4	2	2	2	5	1	0	1	3	0	1	10	15

Footnotes: Mode of HIV Transmission Codes (MSM - men who have sexual contact with other men; IDU - Injection Drug Use; Heterosexual - heterosexual contact by either men or women; Other/RNS - receipt of blood products i.e. transfusion, transplant, hemophilic, or pediatric (less than 13 years old at time of diagnosis), or Risk Not Specified at time of report.]. Since AIDS has been reported to the Health Department from 1982 and up to 11/18/02, there have been 11,493 individuals diagnosed and reported to the health department. HIV, however, just became reportable in 2001. Due to this, and due to medical treatments that prolong the time from HIV+ infection to AIDS diagnosis, we have a relatively good idea of what AIDS looks like in our community but do not know how the demographics of HIV+, non-AIDS, individuals differ from them. This report is based on place of residence at time of diagnosis. It does not mean that the individual is still living in the region - or in San Diego County.

Source: Community Epidemiology, Fall 2002

Table prepared by: Community Epidemiology

1) The Central HHSA is the most frequent place of residence at time of AIDS diagnosis - more than half of the cases diagnosed in each time period lived in the Central Region at the time of diagnosis.
While most regions saw a decrease in their numbers between the 1998-1999 and 2000-2001 time periods, the South, North Central, and East regions saw small increases.
2) Women made up 9% of cases diagnosed in 1998-1999 and 11% of cases diagnosed 2000-2001. The range by region in 1989-1999 consists of a low of 5% of cases in the North.
3) Very few cases are diagnosed in those 19 years old and younger. The bulk of cases for each Region is in the 30-39 year old age group.
4) The most frequent risk factor is men and in general is Men who have sex with Men. For women, the most frequent HIV transmission risk factor is Heterosexual Contact. In general, the larger the proportion of cases that are diagnosed in each region that are female, the higher the HIV risk factor in that region is Heterosexual Contact. Very few men are diagnosed with AIDS due to Heterosexual Contact. Men are much more likely to have as their HIV risk factor sexual contact with other males and/or use injection drugs.

Chart 11A - AIDS in SD County, by Race/Ethnicity

Number of Individuals Diagnosed

Race/Ethnicity	98-99	00-01
White	501	380
African-American	143	136
Hispanic	281	298
Other	20	32

Race/Ethnicity

■ 98-99
☐ 00-01

Chart 11B - AIDS in SD County, by Region at Time of Diagnosis

Number of Individuals Diagnosed

Region	98-99	00-01
Central	541	463
South	118	129
N. Central	96	100
N. Coastal	86	48
East	64	70
N. Inland	40	36

Region

■ 98-99
☐ 00-01

Table 12. Asthma-related Hospitalizations Among San Diego County Residents, 1997-2000.

Annual number of hospital discharges and mortality rates per 100,000 population where primary discharge diagnosis was asthma

	1997 Hospital Discharges	Rate	1998 Hospital Discharges	Rate	1999 Hospital Discharges	Rate	2000 Hospital Discharges	Rate
Race								
White	1227	73.5	1233	72.8	1230	71.7	1190	69.7
African American	509	288.1	365	218.5	446	252.9	369	210.8
Hispanic	612	89.7	590	84.4	597	79.0	645	83.7
Asian/Other	266	116.8	219	92.6	225	92.5	235	90.0
Gender								
Male	1,071	73.4	1,015	69.7	1,013	67.5	1,059	69.5
Female	1,556	115.0	1,409	101.3	1,500	106.2	1,404	97.0
Age group								
Under 1	90	210.2	97	224.6	91	212.3	82	186.8
1-4	508	265.9	451	236.0	448	234.6	523	274.7
5-14	482	122.4	381	93.5	393	94.0	448	104.7
15-24	213	54.3	129	32.3	185	45.3	145	34.8
25-34	262	59.6	273	61.8	262	59.5	194	44.0
35-44	322	71.5	316	68.7	359	77.0	298	63.2
45-54	213	68.4	236	71.9	254	73.9	263	73.3
55-64	182	93.0	188	91.8	184	85.8	163	72.4
65-74	189	113.6	180	106.5	163	94.9	180	102.6
75-84	124	114.5	126	113.8	130	115.1	126	109.4
85+	42	111.1	47	117.8	44	104.2	41	92.2
Region								
North Coastal	211	44.7	244	52.4	303	62.4	236	47.7
North Central	355	69.1	377	70.6	356	64.0	355	62.2
Central	801	172.5	679	143.4	675	141.3	641	133.5
South	437	114.9	405	105.4	435	111.0	421	106.2
East	462	100.0	401	85.3	415	88.3	456	95.3
North Inland	348	73.9	303	63.1	311	63.6	344	67.9
Total	**2,627**	**94.4**	**2,424**	**85.5**	**2,513**	**86.9**	**2,463**	**83.4**

Footnotes: Race, Gender, and Region rates are age-adjusted to the 2000 U.S. Standard Population.

Sources: California Office of Statewide Planning & Development Hospital Discharge Data, 1997-2000; San Diego Association of Governments (SANDAG) January 1, Population Estimates, 1997-2000

Table prepared by: Community Epidemiology

1) Rates are highest among African Americans across all years.
2) Rates are highest among females across all years.
3) Rates are highest among younger patients (i.e., 0 - 4 years) across all years.
4) Rates are highest in the Central region across all years.

Chart 12 - Asthma-related Hospitalizations Among SD County Residents, by Region

Chart showing Rate on the y-axis (0 to 200) versus Region on the x-axis. Legend: 1997, 1998, 1999, 2000.

Region	1997	1998	1999	2000
N. Coastal	45	52	62	47
N. Central	70	71	63	62
Central	174	143	142	134
South	115	105	111	106
East	100	86	88	95
N. Inland	75	63	63	69
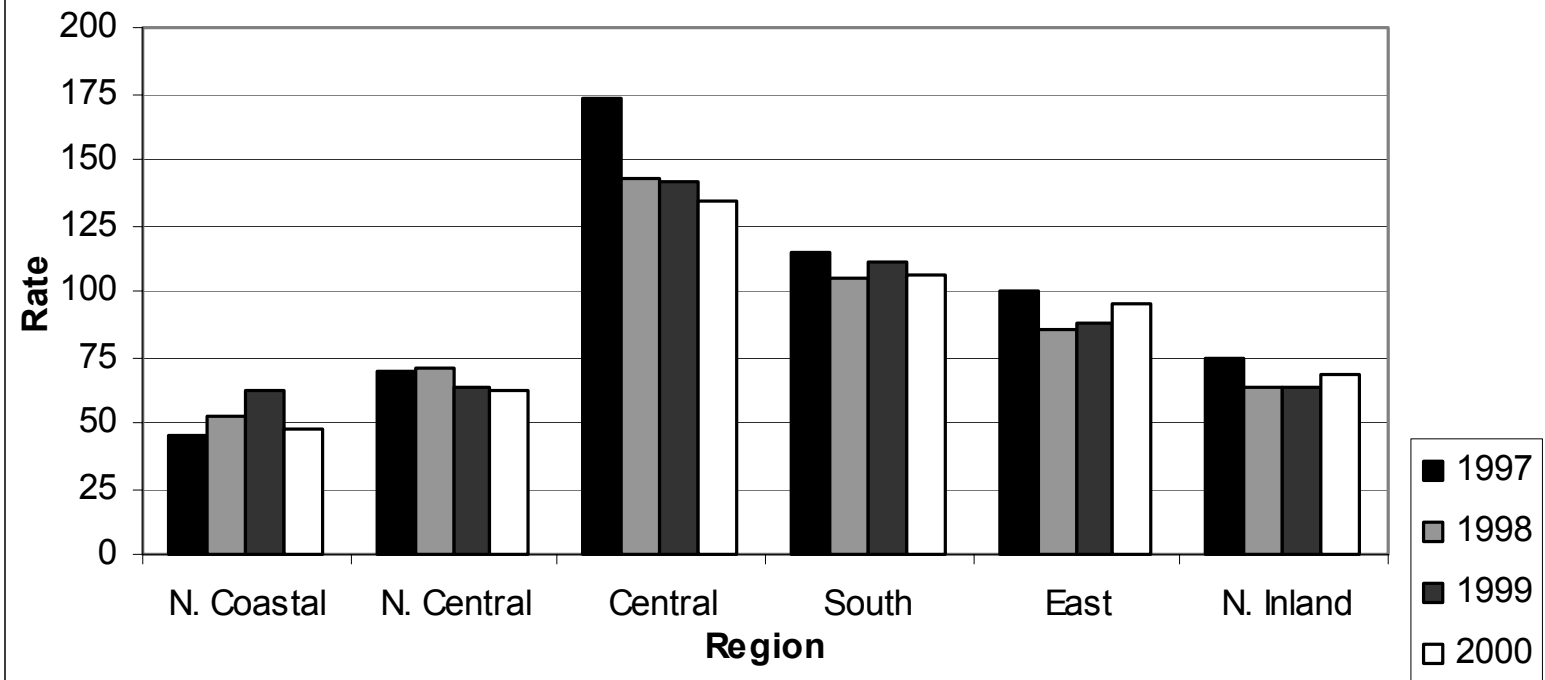
Table 13. Diabetes-related Hospitalizations Among San Diego County Residents, 1997-2000.

Annual number of hospital discharges and mortality rates per 100,000 population where primary discharge diagnosis was diabetes

	1997		1998		1999		2000	
	Hospital Discharges	Rate	Hospital Discharges	Rate	Hospital Discharges	Rate	Hospital Discharges	Rate
Race								
White	1,423	80.1	1,510	82.9	1,487	80.0	1,511	80.2
African American	262	258.8	292	296.8	326	300.4	351	317.4
Hispanic	746	211.2	775	211.6	763	196.0	844	198.4
Asian/Other	153	89.6	159	88.3	206	106.8	195	89.9
Gender								
Male	1,369	117.0	1,474	120.5	1,519	120.9	1,625	125.3
Female	1,223	93.5	1,277	93.8	1,281	91.8	1,299	91.2
Age group								
Under 1	2	NA	1	NA	0	NC	2	NA
1-4	15	7.9	25	13.1	25	13.1	23	12.1
5-14	87	22.1	80	19.6	70	16.7	78	18.2
15-24	113	28.8	118	29.6	147	36.0	170	40.8
25-34	186	42.3	232	52.6	251	57.0	199	45.1
35-44	304	67.5	345	75.0	370	79.3	385	81.6
45-54	420	134.9	370	112.7	381	110.9	482	134.3
55-64	528	269.8	442	215.7	428	199.5	485	215.4
65-74	463	278.2	574	339.7	526	306.1	487	277.7
75-84	381	351.8	445	401.8	478	423.3	472	409.9
85+	93	246.1	119	298.2	124	293.5	141	317.2
Region								
North Coastal	253	61.2	346	79.6	325	73.0	316	69.0
North Central	368	72.7	394	73.0	385	68.7	386	67.1
Central	607	168.6	633	171.5	706	187.1	781	202.2
South	572	183.8	550	170.2	584	175.1	551	161.2
East	465	109.0	495	112.9	469	105.2	504	110.8
North Inland	323	70.7	323	69.0	316	65.0	370	74.5
Total	**2,592**	**104.1**	**2,751**	**106.1**	**2,800**	**104.9**	**2,924**	**107.0**

Footnotes: Race, Gender, and Region rates are age-adjusted to the 2000 U.S. Standard Population. NA - Rates not calculated where the number of cases is small.

Sources: California Office of Statewide Planning & Development Hospital Discharge Data, 1997-2000; San Diego Association of Governments (SANDAG) January 1, Population Estimates, 1997-2000

Table prepared by Community Epidemiology

1) Rates are highest among African Americans across years (followed by Hispanics).
2) Rates are higher among Males across all years.
3) Rates increase with Age until the oldest Age group (85+).
4) The Central and South regions have highest rates across years.

Chart 13 - Diabetes-related Hospitalizations Among SD County Residents, by Region
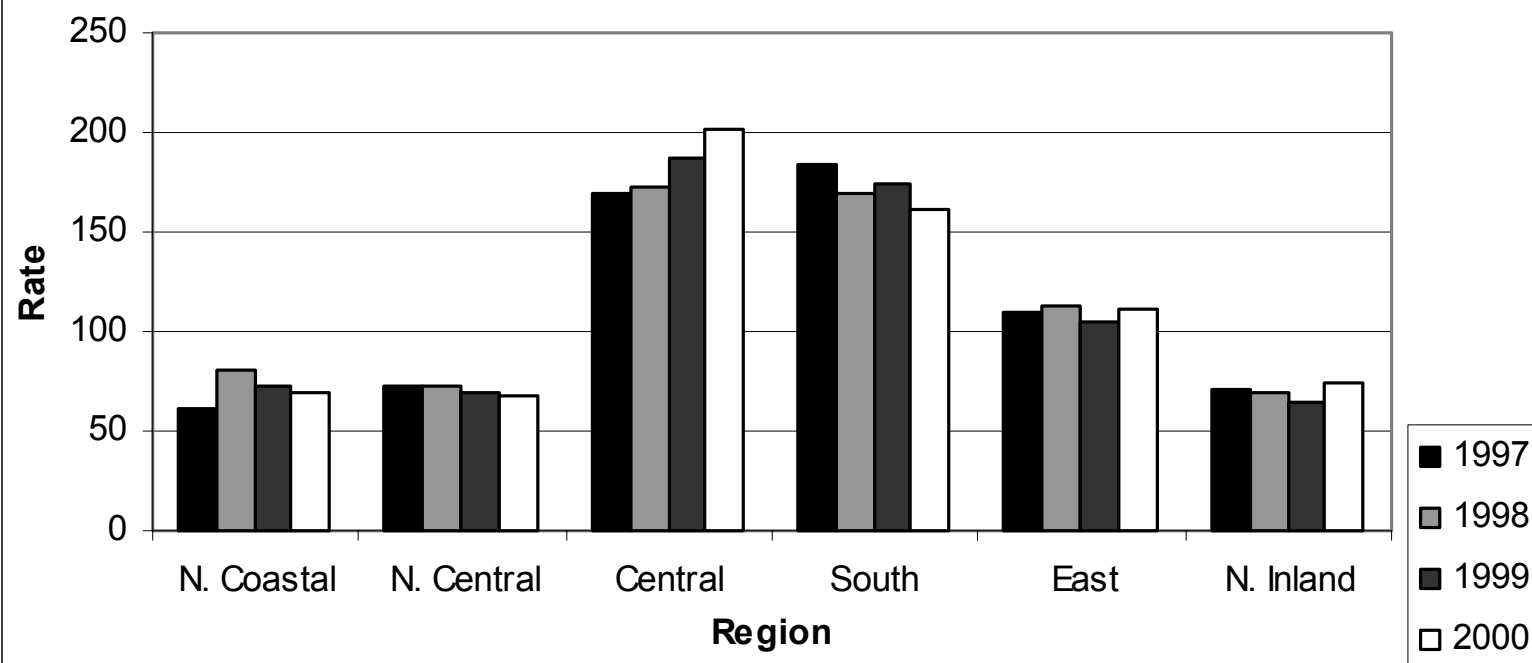
Table 14. Reported Childhood Lead Poisoning Cases*, San Diego County, 1999-2000.

Cases by Region	Number	%
Central	69	35.2
East	10	5.1
North Central	13	6.6
North Coastal	52	26.5
North Inland	31	15.8
South	21	10.7
Total With Known Region	**196**	

Confirmatory Blood Level (cases 15+ ug/dL)**

Blood Lead Level	Number	%
15-19	102	51.5
20-24	59	29.8
25-44	32	16.2
45-69	4	2.0
70+	1	0.5
Total Cases	**198**	

Chart 14 - Reported Childhood Lead Poisoning Cases in SD County in 1999-2000, by Region

Legend:
- Central
- N. Coastal
- N. Inland
- South
- N. Central
- East
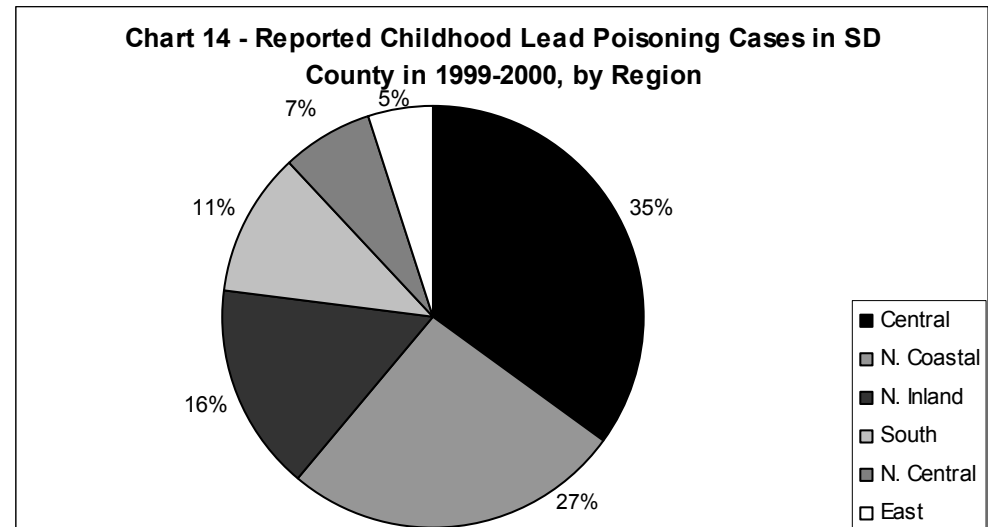
*Reported cases of people age <21 years, with confirmatory (venous) blood lead level of 15 ug/dL. or greater.
**Over half of the lead poisoning cases had blood lead levels between 15 and 19 ug/dl.

Source: San Diego County Childhood Lead Prevention Program, Response and Surveillance System for Childhood Lead Exposure (RASSCLE) data

Table prepared by: Community Epidemiology

1) The Central region had the highest number of lead poisoning cases (followed by the North Coastal region).

TECHNICAL NOTES FOR COMMUNITY HEALTH STATUS INDICATORS

These technical notes are supporting documentation for the data tables prepared and provided by the County of San Diego's HHSA Division of Community Epidemiology. These are relevant for specific data sources and health indicators as requested by and prepared for the PPH Community Health Atlas Project. Where possible, referrals are provided for obtaining additional information about each data source.

Data Sources

Regional and San Diego County Vital Statistics Data: Data on causes of death was obtained from the California Department of Health Services, Center for Health Statistics, Office of Vital Records; Birth Statistical Master Files, and Death Statistical Master Files.

Regional and County population data used in the calculation of population-based rates was obtained from January 1, 1995-2000 estimates from the San Diego Association of Governments (SANDAG). Estimates of the population by demographic and economic characteristics were based on SANDAG estimates when possible.

California Data: California rates were based on data from the Department of Health Services: Death Statistical Master Files, 1995-2000, and the Department of Finance: 1998 Race/Ethnic Population by County with Age and Sex Detail, June 1999. Race-specific infant mortality data were obtained from the Department of Health Services: Birth Cohort-Perinatal Outcome Files, 1994-1996. Child abuse/neglect data were obtained from the Department of Health Services, Children's Medical Services Branch.

Healthy People 2000 Objectives: U.S. Department of Health and Human Services. Healthy People 2000: National Health Promotion and Disease Prevention Objectives for the Nation. Washington, D.C.: Public Health Services, DHHS Pub. No. (PHS) 91-50212, 1991.

Healthy People 2010: U.S. Department of Health and Human Services. National Health Promotion and Disease Prevention Objectives for the Nation. Washington, D.C.: Public Health Service, 2000.

United Way Data: The Outcomes and Community Impact Measurement Program has been designed to be a comprehensive measurement and outcomes reporting system related to the health and well-being of residents of San Diego County. The focus is on the residents' perceptions of needs and capabilities and how responsive current systems are, or are not, to their goals and visions. For more information, refer to http://www.unitedway-sd.org.

Youth Risk Behavior Surveillance System (YRBSS): The Youth Risk Behavior Survey (YRBS) is a national school-based survey conducted biennially to assess the prevalence of and trends in health risk behaviors among high school students in grades 9 through 12. The priority health-risk behaviors fall into the following six categories: (1) behaviors that result in unintentional and intentional injuries; (2) tobacco use; (3) alcohol and drug use; (4) sexual behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancies; (5) dietary behaviors, and (6) physical activity. Local data were acquired from surveys conducted at San Diego City Schools, 1991 to 2001.

For selected risk behaviors, local data are presented by age, gender, race/ethnicity and year of survey; where available, 2001 national estimates and Healthy People 2010 objectives are presented for comparison. Of note, 95% confidence intervals (CI) are used to determine differences between prevalence estimates during 1993 to 2001; differences were considered statistically significant at the 0.05 alpha level if the 95% CI's did not overlap. For more information, refer to: Morbidity and Mortality Weekly Report (MMWR), June 28, 2001/51(SS04).

Behavioral Risk Factor Surveillance (BRFSS): The California Behavioral Risk Factor Survey is an ongoing telephone survey conducted by the California Department of Health Services to assess the prevalence of and trends in health-related behaviors in the adult California population. Prevalence estimates for selected risk factors are presented by year of survey. Where available, 2000 national prevalence estimates and Healthy People 2010 objectives were presented for comparison. Of note, 95% confidence intervals (CI) are used to determine differences between prevalence estimates during 1991 to 2000; differences were considered statistically significant at the 0.05 alpha level if the 95% CIs did not overlap. For more information refer to: http://www.cdc.gov/nccphp/brfss.

California Office of Statewide Health Planning & Development (OSHPD) Discharge Data: The OSHPD discharge data is derived from records of patients discharged from California hospitals. The purpose is to provide a reporting system that will collect the mandatory discharge data for use in policy, planning and research. Federal and Department of Mental Health hospitals are excluded from reporting to OSHPD.

Automated Regional Justice Information System (ARJIS): The Automated Regional Justice Information System (ARJIS) is a complex criminal justice enterprise network utilized by 38 local, state and federal agencies in the San Diego region. ARJIS is chartered with supporting a regional web based enterprise network that utilizes technical and operational standards to build interfaces to all criminal justice systems in the region. The ARJISNet secure intranet contains data on the region's crime cases, arrests, citations, field interviews, traffic accidents, fraudulent documents, photographs, gang information and stolen property.

Pediatric Nutrition Surveillance System (PedNSS): The CDC Pediatric Nutrition Surveillance System (PedNSS) is designed to monitor the nutritional status of low-income children served by various publicly funded health and nutrition programs. The PedNSS uses anthropometric and hematologic measurements to assess the three most common nutrition-related problems among U.S. children—linear growth retardation, overweight, and iron deficiency anemia—as well as birth weight and breastfeeding practices.

California Tobacco Surveys (CTS): The surveys included between 8,224 and 30,716 adult participants. They consist of behavioral, attitudinal, and demographic questions regarding tobacco use and policy in California. These surveys were funded by the Tobacco Control Section of the California Department of Health Services (CDHS) and were conducted by the Cancer Prevention and Control Program of the University of California, San Diego.

Data Limitations

The data used to generate this report are limited by the following:

1. *Asthma Hospitalizations*: Asthma was included if the primary discharge diagnosis was asthma. This data does not reflect Federal and Department of Mental Health hospitals and the data do not reflect the true prevalence of this disease.

2. *Domestic Violence*: Rates have been rounded and do not include reports with invalid zip codes (approximately 5% of reports).

3. *Incomplete Information*: Some case reports lack complete information (e.g., race/ethnicity, address, etc.). Thus, total cases in stratified tables and figures may be fewer than total overall County cases.

4. ***Adult Health Insurance Coverage***: All adults are age 19 and older. Some data was not provided by respondents.

5. ***Infant Mortality, Low Birth Weight, Prenatal Care and Teen Births***: Unknown prenatal care and birth weight are not subtracted from total births in calculation of their respective percentages. Totals for Age Groups and HHSA Regions are less than the County total due to events in which age or region could not be determined. Rates are not age-adjusted.

6. ***Overweight:*** Percentages are not calculated for cells with numbers less than 100. Data are from a variety of programs for low-income children.

7. ***Geographic Rates***: As discussed previously, population data used as the denominators for rates by geographic location are based on census tracts and aggregated to zip code areas since communicable disease, death and hospital discharge data is primarily reported by zip code of residence. For calculation of rates, the zip code was used to obtain both the numerator and the denominator from the same population. In certain areas, no approximations could be made. Regional specifications could not be identified for some cases due to unknown or unavailable zip code data. Readers of this document should acknowledge that geographic variables may change and that this may contribute to changes in cases by regions over time.

8. ***Child Abuse/Neglect***: The number/rate of cases are impacted by the State of California legislated change in definition of categories of child abuse and neglect case dispositions that were implemented in late 1999 and system-wide training to clarify all category definitions.

9. ***Youth Suicide, Substance Abuse, Sexual Behavior and Binge Drinking***: The prevalence estimates by selected characteristics are not reported when numbers of observations were <25 in 1991, <50 in 1993, and <100 in 1995, 1997, and 1999 surveys.

Definitions

Acute Alcohol Drinking: Respondents who reported that they have had alcoholic beverages in the past month and have had alcoholic drinks on one or more occasions in the past month.

Adult Health Insurance Coverage: All adults including Medicare and military who reported they currently have medical insurance coverage.

Annual Incidence: The number of new cases in "x year" divided by the "x year" county population estimate multiplied by 100,000.

Births to Adolescents: Number of births to teenagers 15-17 years old per 1,000 females ages 15-17 per year.

Child Health Insurance Coverage: All respondents reporting they currently have medical insurance coverage for all children age 18 and under living in their household (including military dependents).

Chronic Alcohol Drinking: Derived by calculating the total number of drinks consumed per month: number of drinks per month = number of days respondent drank alcohol multiplied by the number of drinks per occasion.

Cigarette Use: Respondents who reported that they have smoked at least 100 cigarettes in their lifetime and currently smoke (everyday or some days).

Consensus Health Indicators: To address both the requirements of the Year 2000 Health Objectives Planning Act and Objective 22.1 of Healthy People 2000, a consensus set of 18 health status indicators

has been developed to assist communities in assessing their general health status and in focusing local, state, and national efforts in tracking the year 2000 objectives. Refer to MMWR July 12, 1991/Vol. 40/ No. 27.

Death (Mortality) Rate: Death rates are per 100,000 population and are adjusted to 2000 Standard U.S. Population. The 1999 mortality data is the first release to use the International Classification of Diseases (ICD)-10 to code underlying Cause of Death (COD) and differs from the ICD-9 classification used for the 1995-1998 data. Due to lack of comparability between the ICD-9 and ICD-10 versions, the differences in deaths and rates between pre-1999 and 1999 may result in major discontinuities in trend data. Care should be used when interpreting data across these two revisions. Rates are not calculated for fewer than 5 deaths.

The purpose of the International Classification of Diseases (ICD) is to promote international comparability in the collection, classification, processing, and presentation of mortality statistics. New revisions of the ICD are implemented periodically so that the classification reflects advances in medical science. A new revision (ICD-10) was established starting with 1999 mortality data to reflect changes in medical knowledge.

A consistent use of the consensus set of health status indicators has been facilitated by reference to the causes of mortality coded according to the International Classification of Diseases, Ninth Revision (ICD-9) and Tenth Revision (ICD-10):

DISEASE	ICD-9	ICD-10 (based upon NCHS* 358 COD grouping)
All Cancer………………………………...……………..……	140-208	56-108
Breast cancer (female)……………………………………	174	82
Colon-rectum cancer………………………………………	153-154	63-64
Prostate cancer……………………………………………	185	89
Coronary heart disease……………………………………	402, 410-414, 429.2	162, 165-168
Cerebrovascular disease (Stroke)………………………..	430-438	182-186
Diabetes (multiple cause)***………………………………..	250	124
Drowning (0-14 years)…………………………………….	E830, E832, E910	317**
Drug-induced……………………………………………….	292, 304, 305.2-305.9, E850-E858, E950-E950.5, E962.0, E980.0-E980.5	139, 327, 331, 338, 347
Falls (65+ years)…..………………………………………..	E880-E886, E888	312-314
Homicide …..……………………...………………………..	E960-E969	338-346
Lung Cancer……………………………………………....	162	73
Motor vehicle crashes……………………………………..	E810-E819	296-306
Suicide………………………………………………………	E950-E959	331-337
Unintentional injuries………………………………………	E800-E869, E880-E929	295-330
All cause mortality…………………………………………	001-999	1-358

* - National Center for Health Statistics
** - Exact comparison in this cause of death category between the two revisions of ICD is not possible due to differences in the classification of deaths.
*** - Diabetes related deaths include any mention of diabetes on the death certificate.

For further information about the new ICD changes and the new ICD-10, please check out the following web page: www.cdc.gov/nchs/about/otheract/icd9/abticd10.htm

Dental Care: Respondents indicating a need for dental care were asked how well their dental needs were met based on three levels of fulfillment: all, some, or none. The percent indicating they received all of the needed dental care is reported.

Domestic Violence: Rates represent reports of law-enforcement responses to domestic violence. Reports are per 1,000 households.

Exercise: Respondents who reported physical activity or pair of physical activities that were done for 30 minutes or more per session, five or more times per week, regardless of intensity.

Inadequate Prenatal Care: Prenatal care not begun during the 1st trimester of pregnancy or no prenatal care.

Infant Mortality: Infant deaths are deaths that occurred during the first year of life. Number of infant birth rates and infant death rates are expressed as rates per 1,000 live births. Infant death rates show the true risk of dying and allow direct comparisons between areas of interest.

Low Birthweight: Birthweight less than 2,500 grams or 5.5 pounds for live births.

Mental Distress: Mental health care sought for problems such as depression or anxiety that lasted at least two weeks and reported during the past 12 months.

Number of Cases: The number of new cases of the disease with an onset in the respective years; if the onset was unknown, the date of report was used.

Overweight: Derived from the body mass index. Body mass index (BMI) is computed as weight in kilograms divided by height in meters squared: (kilograms/meters^2). BMI is an intermediate variable used in calculating this measure.

Physical Activity in Adults: Three or more sessions per week, 20 minutes or more per session at 50% or more capacity.

Race/Ethnicity: Persons were classified into the following mutually exclusive race/ethnicity categories: White, Hispanic, African American, and Asian and Other. Persons of Hispanic origin were classified as Hispanic regardless of racial identification. All other groups do not include Hispanics in their enumeration. Asian and Others include Asians, Pacific Islanders, and Native Americans to include American Indian, Alaskan Native and Aleuts. Racial/ethnic assignments were based on self-identification.

Race-Specific Rates: Estimates were available from SANDAG for the four race/ethnic groups and were based on the 1990 U.S. census using SANDAG's non-census year population estimates.

For certain conditions and certain racial/ethnic groups, the number of events may be quite small. Caution should be taken when interpreting rates calculated from small numbers due to the instability of resulting rates. The National Center for Health Statistics (NCHS) recommends not using rates when the frequency is less than 20. Race-specific rates are expressed as rates per 100,000.

Stratified Data: Information stratified by age, gender, race/ethnicity, seasonality, trends in disease incidence and geographic location may be presented. In calculating rates, cases of unknown race/ethnicity, age, or geographic area are allocated among the categories in proportion to the relative number of cases of known race/ethnicity, age or geographic area in the categories. Following guidelines by the Centers for Disease Control and Prevention (CDC), category-specific disease incidence rates are not given when over 25% of cases cannot be classified among the known categories.

Year 2010 Objectives: National target for lowering disease incidence (adjusted to year 2000 population standards) by the year 2010. Objectives were established by the U.S. Public Health Service.

COMPARABILITY RATIOS

The National Center for Health Statistics (NCHS) preliminary comparability ratios were developed for use with the national data. These ratios are applied to age-adjusted rates for selected causes of death when comparing death data from 1994-1998 to rates from 1999 and 2000. The method is not recommended for comparing trends prior to 1994. There is no general consensus about whether or not to use this method among state and local health departments at this time. The Vital Statistics Section of the California Department of Health Statistics indicated that the state is not planning on using or reporting comparability modified rates for trend data until at least several years of data is available. For consistency with statewide recommendations, San Diego County is not planning on preparing comparability modified rates until at least state-specific comparability ratios become available and there is more general consensus in California that these would be appropriate to use.

Several websites from the National Center for Health Statistics provide additional information about ICD-9 and ICD-10 comparability issues and ratios. For more information on comparability issues and ratios, refer to http://www.cdc.gov/nchs/about/major/dvs/icd10des.htm and http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_02.pdf.

CRUDE RATES and AGE-ADJUSTED RATES

Age adjustment, using the direct method, is the application of observed age-specific rates to a standard age distribution to eliminate differences in crude rates in populations of interest that result from differences in the population's age distributions. The use of an agreed upon standard population permits comparison with state, national and Healthy People 2010 objectives. The new standard is based upon 2000 population and replaces the 1940 standard population that has been used for over 50 years. Changing to the new 2000 standard population will affect the magnitude of age-adjusted death rates. This is due to the different age distribution structures of the two different standard populations. In general, the 2000 population is considered an "older" population compared to the 1940 "younger" population. Comparisons of age-adjusted rates based upon two different standard populations can result in erroneous conclusions.

Birth cohort infant death rates are not age-adjusted. Since the deaths are linked to the state's birth data on a record by record basis, these rates are based on a numerator (deaths) and a denominator (births) from the same record. Age-adjusting is not applicable to these data.

For further information about age adjustment using the 2000 population, please refer to http://www.cdc.gov/nchs/datawh/nchsdefs/ageadjustment.htm.

RELIABILITY OF RATES

All vital statistics rates, including morbidity rates, are subject to random variation. This variation is inversely related to the number of events (e.g. death) used to calculate the rate. The smaller the frequency of occurrence of an event, the greater the likelihood of random fluctuations within a specified time period. The more rare an event, the relatively less stable its occurrence from observation. As a consequence, areas with only a few deaths, or a few cases of morbidity, can have highly unstable rates from year to year.

For appropriate statistical methodologies in comparing independent rates or percentages, please see NCHS reports listing in the NCHS report Bibliographies by Curtin and Klein on "Direct Standardization" and by Kleinman on "Infant Mortality."

Health and Human Services Agency Data Contacts

CATEGORY	DATA DESCRIPTION	DIVISION	DATA CONTACT	JOB TITLE	PHONE	FAX	E-MAIL
HIV	HIV Epidemiology	Community Epidemiology	Lorri Freitas, M.P.H.	Epidemiologist II	(619) 515-6764	(619) 515-6765	lorri.freitas@ sdcounty.ca.gov
AIDS	1) AIDS Epidemiology; 2) AIDS Epidemiology Report (AIDS incidence, cumulative and by specific subpopulations, in San Diego County, Epidemiologic profile of cases are available); 3) ARS	Community Epidemiology	Tabatha Aboumrad, M.P.H.	Epidemiologist II	(619) 515-6673	(619) 515-6765	tabatha.aboumrad@ sdcounty.ca.gov
Children's Hospital & Family Health Center	San Diego Child and Family Health and Well-Being Report Card	Strategy and Planning Division	Kate Kousser	Health Planning and Program Specialist	(619) 515-6561	(619) 515-6717	Kate.kousser@sdcounty.ca.gov
Children & Adolescents Services Research Center	1) Children's Mental Health Data; 2) Cross-system data for children (CPS, probation, ADS & school SED)	Children's Mental Health	Barbara Miller	Chief, Quality Research and Outcomes	(619) 563-2756	(619) 584-5018	Barbara.miller@sdcounty.ca.gov
Morbidity	Communicable Diseases Epidemiology	Community Epidemiology	Dierdre Browner, M.P.H.	Biostatistician	(619) 515-6624	(619) 515-6644	deirdre.browner@ sdcounty.ca.gov
Morbidity	Hospitalizations/Discharge data	Community Epidemiology	Jeff Johnson, M.P.H.	Epidemiologist II	(619) 531-4945	(619) 515-6644	Jeffrey.Johnson@ sdcounty.ca.gov
General Epidemiology	Health Assesments/Data Reports	Community Epidemiology	Michael Bursaw, M.P.H.	Sr. Epidemiologist	(619) 515-6672	(619) 515-6644	Michael.Bursaw@ sdcounty.ca.gov
Morbidity	Invasive Group A Strep Surveillance Summary (internal report only)	Community Epidemiology	Azi Maroufi, M.P.H.	Epidemiologist II	(619) 515-6619	(619) 515-6644	azarnoush.maroufi@ sdcounty.ca.gov
Mortality	Death Data from CA Death Statistical Master Files	Community Epidemiology	Jean Slosek, M.S.	Biostatistician	(619) 531-4357	(619) 515-6644	Jean.Slosek@ sdcounty.ca.gov
Morbidity & Mortality	Flu & Pneumonia deaths (from Vitals surveillance)	Community Epidemiology	Jean Slosek, M.S.	Biostatistician	(619) 531-4357	(619) 515-6644	Jean.Slosek@ sdcounty.ca.gov
EMS	1) Medical Examiner's Data;2) Trauma Registry; 3) Sexual Assault Response Team (SART)	Emergency Medical Services	Alan Smith, M.P.H.	Biostatistician	(619) 285-6429	(619) 285-6531	Alan.Smith@ sdcounty.ca.gov
EMS	1) Prehospital; 2) Emergency department surveillance; 3) Emergency medical and injury surveillance	Emergency Medical Services	Edward Castillo, Ph.D	Biostatistician	(619) 285-6429	(619) 285-6531	Edward.Castillo@ sdcounty.ca.gov

CATEGORY	DATA DESCRIPTION	DIVISION	DATA CONTACT	JOB TITLE	PHONE	FAX	E-MAIL
EMS	1) Prehospital; 2) Emergency medical and injury surveillance	Emergency Medical Services	Barbara Stepanski, M.P.H.	Biostatistician	(619) 285-6429	(619) 285-6531	Barbara.Stepanski@ sdcounty.ca.gov
EMS	1) Prehospital; 2) Trauma registry; 3) Medical Examiner's data; 4) Injury traffic crashes; 5) Sexual Assault Response Team (SART); 6) QA Net, diversion status; 7) Emergency medical and injury surveillance; 8) Emergency department surveillance	Emergency Medical Services	Leslie Ray, MA, MPPA	Sr. Epidemiologist	(619) 285-6429	(619) 285-6531	Leslie.Ray@ sdcounty.ca
GIS	1) Mapping Data; 2) Demographic Data	Strategy and Planning Division	David Lindsay	Agency GIS Coordinator	(619) 515-4294	(619) 515-6717	David.Lindsay@sdcounty. gov
Maternal and Child Health	1) Births (e.g. teen births, low birth weight); 2) Infant Deaths (e.g. infant mortality rates); 3) Fetal Deaths	Children, Youth & Families	Sutida (Nid) Jariangprasert, M.P.H.	Biostatistician	(619) 692-8807	(619) 692-8827	sutida.jariangprasert@ sdcounty.ca.gov
Immunization	1) Immunization coverage in County, clinic, school, etc; 2) Vaccine preventable diseases, 3) CDC Survey data and local survey data	Immunization Program	Wendy Wang, M.P.H.	Evaluation Coordinator	(619) 692-5683	(619) 692-5677	wendy.wang@ sdcounty.ca.gov
Immunization	San Diego County's Infant Immunization Progress Report	Immunization Program	Kathe Gustafson	Supervising Com. Health Promo Spec.	(619) 692-8661	(619) 692-5677	Kathe.Gustafson@sdcounty. ca.gov
Children's Services	1) Children's Services Descriptive Statistics; 2) Child abuse/neglect, out of home placement	Policy & Program Support Admin.	Leesa Solit (LCSW)	PS II	(858) 616-5958	(858) 616-5921	Leesa.solit@sdcounty.ca.
Social Services	Social Services Data	Policy & Program Support Admin.	Ricardo Gutierrez	HHSA III	(619) 515-6963	(619) 585-2222	Ricardo.Gutierrez@ sdcounty.ca.gov
Laboratory	Public Health Laboratory Data (in Paradox format)	Public Health Laboratory	Dawn Kiefler	Administrative Analyst II	(619) 692-8557	(619) 692-8558	Dawn.Kiefler@ sdcounty.ca.gov
Sexually Transmitted Diseases	1) Bi-annual Summary of STDs; 2) Annual STD Factsheet; 3) Regional reports	STD Control Program	Azi Maroufi, M.P.H.	Epidemiologist II	(619) 515-6619	(619) 515-6644	azarnoush.maroufi@ sdcounty.ca.gov
County Vector Surveillance and Control Program	Summary of Vector-borne disease surveillance data	Vector Surveillance and Control Program	Chris Wickham	Supervisor Vector Control	(858) 694-2798	(858) 694-3559	Chris.Wickham@sdcounty

CATEGORY	DATA DESCRIPTION	DIVISION	DATA CONTACT	JOB TITLE	PHONE	FAX	E-MAIL
Tuberculosis	TB Surveillance Data, Contact Investigation Report to State, Annual Report	Tuberculosis Control	Benjamin Sanchez	Health Information Specialist	(619) 692-8874	(619) 692-5650	Benjamin.sanchez@sdcounty.ca.gov
County Medical Examiner	Causes of deaths, autopsy report, lab reports	Medical Examiner's Office	Anita Centola	Administrative Secretary III	(858) 495-5154	(619) 694-8975	Anita.Centola@ sdcounty.ca.gov
County Animal Control	Animal information	Department of Animal Services	David Johnson	Animal Medical Operations Manager	(619) 767-2776	(619) 767-2706	David.Johnson@sdcounty.ca.gov
Vital Records	County Birth & Death Records	Vital Records	Teri Baracz	Chief Deputy Registrar	(619) 692-5550	(619) 692-5501	Teri.Baracz@sdcounty.ca.gov
Tobacco Control	Smoking Prevalence, State & CDC publications	Tobacco Control Resource Program	Tony Vaninetti	Program Manager	(619) 285-6576	(619) 285-6520	Tony.Vaninetti@sdcounty.ca.gov
County Veterinarian's Office	Summary of reportable animal diseases/conditions in the County of San Diego	Agriculture Weights and Measures	Nikos Gurfield	Veterinary Pathologist	(858) 694-2838	(858) 571-4268	Nikos.Gurfield@sdcounty.ca.gov